## **Variable Dictionary**

## Kansas Health Insurance Information System (KHIIS)

# Draft Based on 3<sup>rd</sup> Edition of the KHIIS Technical Manual

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## **Variable Dictionary**

## Kansas Health Insurance Information System (KHIIS)

Draft
Based on 3<sup>rd</sup> Edition of the KHIIS
Technical Manual

August 18, 2005

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#### Introduction

The Kansas Department of Health and Environment (KDHE) is serving as the statistical agent for the purpose of gathering, receiving and compiling data required by the Kansas Insurance Department=s statistical plan K.S.A. 40-2251. The objectives of the statistical plan are to determine if rates are reasonable in relation to benefits provided and to identify benefits or provisions that may be unduly influencing health insurance costs. To achieve this goal, demographic information, insurance coverage provisions, and claims information is being collected for all covered lives in Kansas. The present data dictionary was produced based on the 3<sup>rd</sup> edition of the KHIIS Technical Manual (TM3) to provide assistance to those who use the KHIIS data for interpretation of variable relationships and to provide comment on data contained in the database for the collected data. Membership, summary and detail files are addressed separately.

Common Variable

8/18/05				COMMON FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	NAIC Number is the number assigned to	
00001M1S1D	NAIC Number	NAICNO		e insurer is identified
			by the company's N	AIC number.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left		100%
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	Related Data.	Reference:	TWIS Reference.	
			Var. 1 Appendix B-	-2
			Var.1 Appendix B-	
			Var. 1 Appendix B-5	
Intra Element Val				
		ters with a trailing	g blank or 6 alpha/nu	
Inter Element Val			Production Repor	
	nis secondary key must be identical across embership, summary, and detail files. It must be			enefit Ratio Report
			Modifications:	. TD 60 1
	arters and years of data			aracters in TM2, but 6
submissions.			in TM3.	
Data Source:	External Refere	nce:	l	
NAIC publication				
of Company	organization of insurance regulators from the 50 states, the District of			
Listings	Columbia and the four U.S. territories. State insurance regulators created the			
	NAIC in 1871 to address the need to coordinate regulation of multi-state			
	insurers.			
Comments:				
NAIC number may	vary across years l	between and with	in companies.	

8/18/05 COMMON FILE					
Element	Descriptive	Field	Definitions and Re		
Number:	Name:	Name:	This identifies a group of individuals		
00002M7S7D	Group Number	GRPNO	belonging to a healt	th plan.	
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	<u>Data Type</u>	<u>Justification</u>	for Missing Data	(KHIIS Average)	
30	Alpha/Numeric	Left	blank	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B-2		
			Var.1 Appendix B-		
			Var. 1 Appendix B-5		
Intra Element Validation and References:					
No special characte					
Inter Element Val			Production Repor	ts:	
This secondary key	must be identical	across	ad hoc, Standard Be	enefit Ratio Report	
membership, sumn			<b>Modifications:</b>	*	
identical across qua			This field was 9 ch	aracters in TM2, but	
submissions.			30 in TM3.		
Data Source: External Reference:					
Insurer	Insurer				
Comments:					
Individual insurance policies may not have group identification numbers.					

8/18/05 COMMON FILE					
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The membership ID is a 32 character		
00003M1S1D	Membership ID	MBRID	unique identifier consisting of a 30		
			character long fami	ly identifier (A)	
			concatenated to a 2	character individual	
			identifier (B). The	30 character identifier	
			is unique to a family	y group. A two	
				entifier is assigned to	
				er, is right justified with	
				eded. For the active	
				the spouse use 02; for	
				se 03, 04, etc. Each	
				must have a unique	
			sequential designati	ion.	
Field					
<b>Description:</b>			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
32	Alpha/Numeric	Left		100%	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 3 Appendix B-2		
			Var. 1 Appendix B		
			Var. 1 Appendix B-	-5	
Intra Element Val					
Blank spaces are al		ial characters are			
Inter Element Val			<b>Production Repor</b>		
This primary key m			ad hoc Reports, Sta	ndard Reports	
membership, summ			Modifications:		
identical across qua	orters and years of o	data	This field was 20 characters in TM2, but		
submissions. 32 characters in TM3.					
Data Source:	External Referen	nce:	<u> </u>		
Insurer					
Comments:					
External and internal consistency may vary across insurers and within submission periods for					
single insurer when insureds change policies mid-period.					

8/18/03				COMMONTILL
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	This is the last four digits of the	
00004M3S3D	Patient ID	PATNO	individual's Social Security Number.	
	Number			
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
4	Alpha/Numeric	Left	Blank	95%
	-			
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 4 Appendix B-2	
			Var. 3 Appendix B-4	
			Var. 3 Appendix B-5	
Intra Element Va	lidation and Refer	ences:		
Only numeric char	acters are allowed.			
Inter Element Val	idation:		<b>Production Repor</b>	ts:
This secondary key	must be identical	across		
membership, sumn	nary, and detail files	s. It must be	<b>Modifications:</b>	
identical across quarters and years of data		This field remained unchanged from TM2		
submissions.				
Data Source:	External Referen	nce:		
Insurer				
~				

#### **Comments:**

Patient number is more frequently available in the membership file than the summary or detail files because Social Security Number is not required for claims payment. Since HIPAA implementation, fewer insurance companies are actually collecting SSN for use in KHIIS database. Also, patient number is sporadically for Med Supp data.

8/18/05				COMMON FILE		
Element Number:	Descriptive Name:	Field Name:	<b>Definitions and Re</b> This is the date of h			
00005M4S4D	Patient Date of	PATDOB	This is the date of birth of the patient (individual member or dependent).			
0000311118112	Birth	11112 02	(marviadar member of dependent).			
Field						
Description:			Expected Value	Fill Rate Expected		
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)		
8	CCYYMMDD	Right	Null	95%		
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:			
Confidential		Reference:				
			Var. 5 Appendix B-2			
			Var. 4 Appendix B-4			
			Var. 4 Appendix B-5			
Intra Element Val	Intra Element Validation and References:					
T 4 TH 4 T7	• 1		D 1 (1 D			
Inter Element Val			Production Repor			
This secondary key			ad hoc, Standard Bo	enerit Ratio Report		
membership, summ	•		Modifications:			
identical across qua	arters and years of o	data	This field remained unchanged from TM2			
submissions.			to TM3.			
Data Source:	External Refere	nce:	<u>I</u>			
CMS-1500 fl 9B						
or UB92 fl 14.						
Comments:						

Patient date of birth is more frequently available in the membership file than the summary or detail files because DOB is not required for claims payment.

8/18/05	8/18/05 COMMON FILE				
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The gender of the patent is coded as M =		
00006M5S5D	Patient Gender	PATSEX	Male, $F = Female$ , or $U = Unknown$ .		
	Code				
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)	
1	Alpha/Numeric	Left	U	100%	
	<b>F</b>				
Security Level:	Related Data:	Table	TM3 Reference:		
		Reference:			
			Var. 6 Appendix B-2		
			Var. 5 Appendix B-4		
			Var. 5 Appendix B-5		
			, and rappending by		
Intra Element Val	lidation and Refer	ences:	•		
Only characters M.	, F or U are allowed	l.			
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
This secondary key	must be identical	across			
membership, sumn	nary, and detail files	s. It must be	<b>Modifications:</b>		
identical across qua			The category U (Unknown) was added in		
submissions.	·		TM3.		
Data Source:	External Referen	nce:	•		
CMS-1500 fl 9B2					
or UB92 fl 15.					
Comments:					
Patient gender is more frequently available in the membership file than the summary or detail files					

Patient gender is more frequently available in the membership file than the summary or detail files because gender is not required claims payment.

8/18/05		8/18/05 COMMON FILE				
Element	Descriptive	Field	Definitions and Re	eferences:		
Number:	Name:	Name:	Designates the relat	tionship of the person		
0007M14S	Individual	MBRSTS	for whom the claim is filed to the prima			
	Relationship		insured.			
	Code					
Field						
Description:			Expected Value	Fill Rate Expected		
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)		
2	Alpha/Numeric	Left	Blank	95%		
Security Level:	Related Data:	Table	TM3 Reference:			
Restricted	MBRID	Reference:				
		Standard	Var. 14 Appendix I	3-4		
		Individual				
		Relationship				
		Table				
Intra Element Val	idation and Refer	ences:				
No special characte	ers are allowed.					
Inter Element Val	idation:		Production Repor			
This secondary key	must be identical	across	ad hoc, Standard Bo	enefit Ratio Report,		
membership and Co	OMMON FILEs. It	must be	Premium to Cost R	atio Report, Mental		
identical across qua	arters and years of	data	Health Parity Repor			
submissions.			Trends Report, Maj			
			Report, Pharmaceur	tical Cost Report		
			Modifications:			
			This field was 1 character in TM2, but 2			
			in TM3. Also, new values were assigned			
	1		based on HIPAA st	andards.		
Data Source:	External Referen	nce:				
Insurer						
Comments:						

8/18/05	8/18/05 COMMON FILE				
Element Number: 00002S2D	Name: Claim Number	Field Name: CLMNO	Definitions and References: Claim tracking number is assigned by the payer. A claim number may have more than one line item.		
Field Description: Length 20	<u>Data Type</u> Alpha/Numeric	Justification Left	Expected Value for Missing Data	Fill Rate Expected (KHIIS Average) 100%	
Security Level: Restricted	Related Data: LINENO	Table Reference:	TM3 Reference:  Var. 2. Appendix B-4  Var. 2. Appendix B-5		
Intra Element Val No special characte		ences:			
Inter Element Validation: This secondary key must be identical across summary, and detail files. It must be identical across quarters and years of data submissions for a particular claim.			Production Report ad hoc Reports, State Modifications: This field was 18 ct 20 in TM3.		
Data Source: Insurer	External Reference:				
Comments: Claim number assignment is unstandardized across companies. Some companies assign a year long single claim number for all claims and require advising for claim number construction.					

Membership Files

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Premium to Cost Ratio Report, Mental	
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8/18/05			IVII	EMBERSHIP FILE
Element Number: 00009M	<b>Descriptive</b> Name: Product Type	Field Name: PRDTYP	Definitions and References: This is a supplemental code to further identify the administration qualities of a particular healthcare plan. The KHIIS database allows Medical/Health Coverage, Drug, Dental, Cancer, Hospitalization, and Other.	
Field Description: Length 1	<u>Data Type</u> Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 95%
Security Level: Confidential	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2	
Intra Element Validation and References:  Only alpha numeric characters or a blank are allowed and must be one of these values.  Inter Element Validation:  Production Reports: ad hoc, Standard Benefit Premium to Cost Ratio Health Parity Report, M. Trends Report, Major M. Report, Pharmaceutical Modifications: This field remained unc			ts: enefit Ratio Report, atio Report, Mental rt, Mental Health or Medical Cost tical Cost Report	
Data Source: Insurer Comments:	External Referen	nce:	to TM3.	

#### MEMBERSHIP FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	This is used to identify company specific	
00010M	Product	PRDDES	plans that cannot be	fully differentiated
	Description		through use of the Plan Type and Produc	
			Type variables.	
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
1	Alpha/Numeric	Left	Blank	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted		Reference:	Tivio received.	
			Var. 1 Appendix B-2	
			T.F.	
Intra Element Va	  lidation and Refer	ences:	<u> </u>	
See individual con	npany data dictional	ries.		
Inter Element Va			<b>Production Repor</b>	ts:
			Modifications:	
			This field remained unchanged from TM2	
			to TM3.	
Data Source:	External Refere	nce:		
Insurer	See individual co	mpany data dicti	onaries.	
Comments:				
May be used to de	signate individual v	ersus ERISA dat	a and Medicare Supp	lement data as well as
other companies sp	pecific information.			

8/18/05	8/18/05 MEMBERSHIP FILE				
Element Number: 00011M	Descriptive Name: Drug Coverage Indicator	Field Name: DRGIND	Definitions and References:  If a member has prescription medication coverage included in the monthly premium for the medical/health insurance plan this indicator should equal 'Y' for Yes. If prescription coverage is through an ancillary drug plan, with a separate premium, this field should equal 'Y' for Yes and the drug plan detailed in the record with the plan type, product type, monthly premium, and plan provisions. I drug coverage is not included in the health/medical plan the value for this field should be 'N' for No.		
Field Description: Length 1  Security Level: Restricted	Data Type Alpha/Numeric  Related Data: PRDTYP, PLNTYP	Justification left  Table Reference:	Expected Value for Missing Data blank  TM3 Reference:  Var. 1 Appendix B-	Fill Rate Expected (KHIIS Average) 95%	
Intra Element Validation and References: Special characters are not allowed. Inter Element Validation:		rences:			
Data Source: Insurer  Comments: Drug payments may be found where DRGIND = N for embedded health coverage.					
2145 Pajments ma	j co round micro E	11 101	Time Padeca meantin co		

			IVII	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	If a member has de	ntal care coverage
00012M	Dental	DNTIND	included in the mon	thly premium for the
	Coverage		medical/health insu	rance plan this
	Indicator		indicator should equal "Y" for Yes. If	
			dental care coverage is through an	
			ancillary dental plan	n, with a separate
			premium, this field	should equal "Y" for
			Yes and the dental	plan detailed in the
			record with the plan	type, product type,
			monthly premium, a	and plan provisions. If
			dental coverage is r	ot included in the
				the value for this field
			should be "N" for N	lo.
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
<del></del>				
1	Alpha/Numeric	Left	Blank	95%
1	Alpha/Numeric	Left	Blank	
Security Level:	Alpha/Numeric  Related Data:	Left Table		
1	Alpha/Numeric  Related Data: PRDTYP,	Left	Blank TM3 Reference:	95%
Security Level:	Alpha/Numeric  Related Data:	Left Table	Blank	95%
Security Level:	Alpha/Numeric  Related Data: PRDTYP,	Left Table	Blank TM3 Reference:	95%
Security Level: Restricted	Alpha/Numeric  Related Data: PRDTYP, PLNTYP	Left Table Reference:	Blank TM3 Reference:	95%
Security Level: Restricted  Intra Element Vali	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Refer	Left Table Reference:	Blank TM3 Reference:	95%
Security Level: Restricted	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed.	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-	95%
Security Level: Restricted  Intra Element Vali Special characters a	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed.	Left Table Reference:	Blank TM3 Reference:	95% 2 ts:
Security Level: Restricted  Intra Element Vali Special characters a	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed.	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-	95% 2 ts:
Security Level: Restricted  Intra Element Vali Special characters a	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed.	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-  Production Report ad hoc Reports, Sta Modifications:	95% 2 ts:
Security Level: Restricted  Intra Element Vali Special characters a	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed.	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-  Production Report ad hoc Reports, Sta Modifications:	95% -2 ts: ndard Reports
Security Level: Restricted  Intra Element Vali Special characters a	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed.	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-  Production Report ad hoc Reports, State Modifications: This field remained	95% -2 ts: ndard Reports
Security Level: Restricted  Intra Element Vali Special characters a Inter Element Vali	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed. idation:	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-  Production Report ad hoc Reports, State Modifications: This field remained	95% -2 ts: ndard Reports
Security Level: Restricted  Intra Element Vali Special characters a Inter Element Vali  Data Source:	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed. idation:	Left Table Reference:	Blank  TM3 Reference:  Var. 1 Appendix B-  Production Report ad hoc Reports, State Modifications: This field remained	95% -2 ts: ndard Reports
Intra Element Vali Special characters a Inter Element Vali Data Source: Insurer Comments:	Alpha/Numeric  Related Data: PRDTYP, PLNTYP  idation and Reference not allowed. idation:  External Reference as the found where	Left  Table Reference:  ences:  DNTIND = N fo	Blank  TM3 Reference:  Var. 1 Appendix B-  Production Report ad hoc Reports, State Modifications: This field remained	95%  ts: ndard Reports unchanged from TM2

#### MEMBERSHIP FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	This is the initial date the individual was	
00013M	Eligibility	RPSDTE	covered by the plan as opposed to the	
	Period Starting		beginning date of the period.	
	Date			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
8	CCYYMMDD	Right	Null	100%
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	RPEDTE,	Reference:		
	ELGMOS		Var. 1 Appendix B-2	
Intra Element Va	lidation and Refer	ences:		
Inter Element Va	lidation:		<b>Production Repor</b>	ts:
				enefit Ratio Report,
				atio Report, Mental
			Health Parity Repor	
			Trends Report, Maj	
			Report, Pharmaceu	tical Cost Report
			Modifications:	
			The definition of th	
<b>T</b>	T		between TM2 and	IM3.
Data Source:	External Refere	nce:		
Insurer				
Comments:				

8/18/05 MEMBERSHIP FILE				
Element Number: 00014M	Descriptive Name: Eligibility Period Ending Date	Field Name: RPEDTE	Definitions and References: This is either the Period Ending Date, as found in the header file, or the last date ar individual was covered by the insurance plan, whichever is the first or earliest date. This may vary among plans in the event an individual drops coverage at some point during the reporting period.	
Field Description: Length 8 Security Level: Restricted	Data Type CCYYMMDD  Related Data: RPSDTE, ELGMOS	Justification Right  Table Reference:	Expected Value for Missing Data Null  TM3 Reference:  Var. 1 Appendix B-	Fill Rate Expected (KHIIS Average) 100%
Intra Element Va	    lidation and Refer	rences:		
Inter Element Validation:			Production Report ad hoc, Standard Both Premium to Cost Research Health Parity Report Trends Report, Maj Report, Pharmaceut Modifications: This field remained to TM3.	enefit Ratio Report, atio Report, Mental rt, Mental Health or Medical Cost
Data Source: Insurer	External Refere	nce:	1.0	
Comments: This variable is so	metimes misunderst	tood and may be	hard coded to the end	l of the reporting

This variable is sometimes misunderstood and may be hard coded to the end of the reporting period in error.

### MEMBERSHIP FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	This is the number of months, within the	
00015M	Eligible Months	ELGMOS	reporting period that an individual is	
	in Reporting		eligible for insurance benefits for the	
	Period		corresponding plan.	
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
2	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	RPSDTE,	Reference:		
	RPEDTE		Var. 1 Appendix B	-2
Intra Element Val	 idation and Dafar	on oog		
			ring valid RPSDTE a	and DDEDTE fields
and data quarter and			ing vand Ki SDTE a	ind Ki EDTE fields,
Inter Element Val	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>Production Repor</b>	te•
RPSDTE and RPEI		valid for the	ad hoc, Standard Be	
period selected.	DIE Helds mast be	valid for the	Premium to Cost R	
period selected.			Health Parity Repor	* '
			Trends Report, Maj	
			Report, Pharmaceur	
			Modifications:	<b>.</b>
			This field remained	unchanged from TM2
			to TM3.	C
Data Source:	External Referen	nce:		
KDHE				
Comments:				

8/18/05				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The premium attributed to providing all	
00016M	Monthly	MONPRM	coverage(s) for an individual and	
	Premium		dependents (spouse	
				amily group monthly
				in the insured's record.
			premium is totalica	in the institute is record.
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
11.2	Numeric	Right	Null	95%
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 1 Appendix B-	-2
Intra Element Val	idation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		Production Report	ts:
			ad hoc, Standard Be	enefit Ratio Report,
			Premium to Cost Ratio Report, Mental	
			Health Parity Report, Mental Health	
			Trends Report, Major Medical Cost	
			Report, Pharmaceutical Cost Report	
			Modifications:	
			This field was 6.2 numerics in TM2, but	
			11.2 in TM3.	,
Data Source:	External Referen	nce:	1	
Insurer				
Comments:				

#### **Comments:**

Some dental, pharmaceutical and medicare supplemental policies do not contain monthly premium information. Multiple premiums may be found for a family group when separate ancillary/supplemental coverages are purchased.

8/18/05 MEMBERSHIP FILE					
Element Number: 00017M	Descriptive Name: Max Individual Deductible (Fac)	Field Name: MXIDEF	Definitions and References: The total out of pocket expense that an individual is responsible for within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for facilities.		
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA	
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2		
Intra Element Val Positive numeric va					
Inter Element Validation: Company specific.			Production Reports:  Modifications: This field was 5 numerics in TM2, but 9 in TM3.		
Data Source: Insurer	External Referen	nce:	1		
Comments: MXIDEF, MXFDE independent of one		NSF, MXICOF, I	MXFCOF are a set of	f facility data, although	

8/18/05 MEMBERSHIP FILE					
Element Number: 00018M	Descriptive Name: Max Family Deductible (Fac)	Field Name: MXFDEF	Definitions and References: The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for facilities.		
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA	
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2		
Intra Element Validation and References:  Positive numeric value in zoned decimal format.					
Inter Element Validation: Company specific.			Production Reports:  Modifications: This field was 5 numerics in TM2, but 9 in TM3.		
Data Source: Insurer	External Reference:				
Comments: MXIDEF, MXFDE independent of one		NSF, MXICOF, 1	MXFCOF are a set of	f facility data, although	

8/18/05 MEMBERSHIP FILE					
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	The pre-set, fixed-dollar amount that the		
00019M	Copay (Fac)	COPAYF	individual is responsible for with each		
			episode of care. Th		
				rerage provisions for	
			facilities.		
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B-2		
Intra Element Val					
Positive numeric va		nal format.	T		
Inter Element Validation: Production Reports:			ts:		
Company specific.					
		Modifications:			
		This field was 7 numerics in TM2, but 9			
	1		in TM3.		
Data Source:	External Referen	nce:			
Insurer					
Comments:					
		NSF, MXICOF, I	MXFCOF are a set of	f facility data, although	
independent of one	another.				

8/18/05 MEMBERSHIP FILE					
Element	Descriptive Field Definitions and References:				
Number:	Name:	Name:	The proportion of the cost of health care		
00020M	Coinsurance	COINSF	services that is the member's		
	(Fac)		responsibility to pay	y. This is commonly	
			reported as a percei	ntage. For the KHIIS	
			database, report the		
			fractional amount r		
			percentage. For ex		
				t 020. This applies to	
				coverage provisions	
			for facilities.		
Field					
Description:			Expected Value	Fill Rate Expected	
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
3.2	Numeric	Right	Null	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B-2		
Intro Element Va	lidation and Refe				
			rangants a paraants	age and must be ranged	
from 0 thru 100	arue in zoned decii	nai ioimat, vaiue	represents a percenta	ige and must be ranged	
	Inter Element Validation:			Production Reports:	
Company specific.					
		Modifications:			
		This field remained unchanged from TM2			
			to TM3.		
Data Source:	External Refere	ence:			
Insurer					
Comments:	EE CODANE CO	NGE MUGGE	MATERIAL		
independent of one		NSF, MXICOF,	MXFCOF are a set of	f facility data, although	

6/18/03 WIEWIDERSTIII TILE					
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	The maximum amount of co-insurance an		
00021M	Max Individual	MXICOF	individual is responsible for within a plan		
	Coinsurance			to the Medical/Health	
	(Fac)		coverage provisions	s for facilities.	
Field					
<b>Description:</b>			Expected Value	Fill Rate Expected	
<u>Length</u>	<u>Data Type</u>	<u>Justification</u>	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B-2		
Intra Element Val					
Positive numeric va	lue in zoned decin	nal format.	T		
Inter Element Validation:			Production Reports:		
Company specific.					
			Modifications:		
		This field was 5 numerics in TM2, but 9			
			in TM3.		
Data Source:	External Reference:				
Insurer					
Comments:					
MXIDEF, MXFDEF, COPAYF, COINSF, MXICOF, MXFCOF are a set of facility data, although					
independent of one another.					

8/18/03 MEMDERSTIII TIEE						
Element	Descriptive	Field	<b>Definitions and References:</b>			
Number:	Name:	Name:	The maximum amount of co-insurance a			
00022M	Max Family	MXFCOF	family is responsible for within a plan			
	Coinsurance			o the Medical/Health		
	(Fac)		coverage provisions	for facilities.		
Field						
Description:			Expected Value	Fill Rate Expected		
<u>Length</u>	<u>Data Type</u>	<u>Justification</u>	for Missing Data	(KHIIS Average)		
9.0	Numeric	Right	Null	NA		
Security Level:	Related Data:	Table	TM3 Reference:			
Restricted		Reference:				
			Var. 1 Appendix B-2			
	Intra Element Validation and References:					
Positive numeric va	lue in zoned decim	nal format.				
Inter Element Validation:			Production Reports:			
Company specific.						
			<b>Modifications:</b>			
		This field was 5 numerics in TM2, but 9				
			in TM3.			
Data Source:	External Reference:					
Insurer						
Comments:						
MXIDEF, MXFDEF, COPAYF, COINSF, MXICOF, MXFCOF are a set of facility data, although						
independent of one	another					

8/18/05		8/18/05 MEMBERSHIP FILE			
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The total out of pocket expense that an		
00023M	Max Individual	MXIDEP	individual is respon	sible for within a plan	
	Deductible		year before the insurer pays the full cost		
	(Prof)		of services excluding	ng co-payments and	
			co-insurance when	applicable. This	
			applies to the Medi	cal/Health coverage	
			provisions for Profe	essional Services.	
Field					
<b>Description:</b>			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B	-2	
Intra Element Va	lidation and Refe	rences:			
Positive numeric v	alue in zoned decir	nal format.	-		
Inter Element Va	lidation:		Production Reports:		
Company specific.					
			<b>Modifications:</b>		
			This field was 5 numerics in TM2, but 9		
			in TM3.		
Data Source:	External Refere	nce:			
Insurer					
<b>Comments:</b>					
		NSP, MXICOP,	MXFCOP are a set of	f facility data, although	
independent of one another.					

8/18/05			1V11	EMBERSHIP FILE
Element Number: 00024M	Descriptive Name: Max Family Deductible (Prof)	Field Name: MXFDEP	Definitions and References: The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Professional Services.	
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference: Var. 1 Appendix B-	-2
Intra Element Val Positive numeric va				
Inter Element Validation: Company specific.  Production Reports  Modifications: This field was 5 num in TM3.				
Data Source: External Reference:				
Comments: MXIDEP, MXFDE independent of one		NSP, MXICOP,	MXFCOP are a set of	f facility data, although

8/18/05	8/18/05 MEMBERSHIP FILE				
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The pre-set, fixed-dollar amount that the		
00025M	Copay (Prof)	COPAYP	individual is responsible for with each		
			episode of care. Th		
				erage provisions for	
			Professional Service	es.	
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B-	-2	
Intra Element Va	 lidation and Refer	ences:			
Positive numeric v	alue in zoned decin	nal format.			
Inter Element Val	lidation:		Production Repor	ts:	
Company specific.					
			<b>Modifications:</b>		
			This field was 7 numerics in TM2, but 9		
			in TM3.		
Data Source:	External Refere	nce:			
Insurer	Insurer				
Comments:					
		NSP, MXICOP,	MXFCOP are a set of	f facility data, although	
independent of one another.					

8/18/05 MEMBERSHIP FILE				
Element Number: 00026M	Descriptive Name: Coinsurance (Prof)	Field Name: COINSP	Definitions and References: The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020. This applies to the Medical/Health coverage provisions for Professional Services.	
Field Description: Length 3.2	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2	
Intra Element Val. Positive numeric val. from 0 thru 100.			represents a percenta	age and must be ranged
Inter Element Vali	idation:		Production Repor	ts:
				unchanged from TM2
Data Source:	External Referen	nce:		
Insurer	Insurer			
Comments: MXIDEP, MXFDE independent of one		NSP, MXICOP, I	MXFCOP are a set or	f facility data, although

8/18/05 MEMBERSHIP FILE				
Element Number: 00027M	Name: Max Individual Coinsurance (Prof)	Field Name: MXICOP	Definitions and References: The maximum amount of co-insurance an individual is responsible for within a plan year. This applies to the Medical/Health coverage provisions for Professional Services.	
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2	
Intra Element Val Positive numeric va				
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.			Modifications: This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: Insurer				
Comments: MXIDEP, MXFDEP, COPAYP, COINSP, MXICOP, MXFCOP are a set of facility data, although independent of one another.				

Element	Descriptive	Field	Definitions and Re	
Number: 00028M	Name: Max Family Coinsurance (Prof)	Name: MXFCOP	The maximum amount of co-insurance a family is responsible for within a plan year. This applies to the Medical/Health coverage provisions for Professional Services.	
Field				
Description:  Length  9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:	
			Var. 1 Appendix B	-2
Intra Element Va	   lidation and Refe	rences:		
Positive numeric v	alue in zoned decir	nal format.		
Inter Element Va	lidation:		Production Repor	ts:
Company specific.		Modifications: This field was 5 numerin TM3.	merics in TM2, but 9	
Data Source: Insurer	External Refere	ence:		
Comments: MXIDEP, MXFDI	EP. COPAYP. COI	NSP. MXICOP.	MXFCOP	

8/18/05 MEMBERSHIP FILE				
Element Number: 00029M	Descriptive Name: Max Individual Deductible (Other)	Field Name: MXIDEO	Definitions and References: The total out of pocket expense that an individual is responsible for within a plar year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Other Services.	
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2	
Intra Element Val Positive numeric va				
Inter Element Validation: Company specific.			Production Reports:  Modifications: This field was 5 numerics in TM2, but 9 in TM3.	
Data Source: External Reference: Insurer				
Comments: MXIDEO, MXFDI although independe		INSO, MXICOC	), MSFCOO are a set	of facility data,

8/18/05			1V11	EMBERSHIP FILE
Element Number: 00030M	Descriptive Name: Max Family Deductible (Other)	Field Name: MXFDEO	Definitions and References: The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for Other Services.	
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2	
Intra Element Val Positive numeric va			<u> </u>	
Inter Element Val			<b>Production Repor</b>	ts:
Company specific.		Modifications: This field was 5 numerics in TM2, but 9 in TM3.		
Data Source: Insurer	External Referen	nce:		
Comments: MXIDEO, MXFDI although independe	,	INSO, MXICOC	), MSFCOO are a set	of facility data,

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The pre-set, fixed-dollar amount that the	
00031M	Copay (Other)	COPAYO	individual is respon	sible for with each
			episode of care. Th	
				rerage provisions for
			Other Services.	
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	Related Data:	Reference:	TWIS Reference:	
Restricted		Reference.	Var. 1 Appendix B-2	
			var. 1 / Appendix B	_
Intra Element Va	lidation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	lidation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 7 numerics in TM2, but 9 in TM3.	
Data Source:	<b>External Refere</b>	nce:	•	
Insurer				
Comments:			_	
,		INSO, MXICOO	), MSFCOO are a set	of facility data,
although independe	ent of one another.			

#### 8/18/05

8/18/05 MEMBERSHIP FILE				
Element Number: 00032M	Descriptive Name: Coinsurance (Other)	Field Name: COINSO	Definitions and References: The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020. This applies to the Medical/Health coverage provisions for Other Services.	
Field Description: Length 3.2	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference: Var. 1 Appendix B-2	
Intra Element Val Positive numeric va from 0 thru 100.			represents a percenta	ge and must be ranged
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.  Modifications: This field remained unchange to TM3.			unchanged from TM2	
Data Source:	External Referen	nce:	1	
Insurer				
Comments:				
		INSO, MXICOC	, MSFCOO are a set	of facility data,
although independent of one another.				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amount of co-insurance an	
00033M	Max Individual	MXICOO	individual is respon	sible for within a plan
	Coinsurance		year. This applies to the Medical/Health	
	(Other)			s for Other Services.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 1 Appendix B	-2
Intra Element Val	idation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.			_	
			<b>Modifications:</b>	
			This field was 5 numerics in TM2, but 9	
			in TM3.	
Data Source:	External Refere	nce:		
Insurer				
Comments:				
		INSO, MXICOC	), MSFCOO are a set	of facility data,
although independent of one another.				

although independent of one another.

8/18/05 MEMBERSHIP FILE				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amount of co-insurance a	
00034M	Max Family	MXFCOO	family is responsible for within a plan	
	Coinsurance		year. This applies to the Medical/Health	
	(Comb)		coverage provisions	s for Other Services.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
G 4 T 1	D 1 ( 1D (	m 11	TIMA D. C.	
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted		Reference:	17 1 A 1' D	0
			Var. 1 Appendix B-	-2
Intra Element Va	lidation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	lidation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 numerics in TM2, but 9	
			in TM3.	
Data Source:	External Refere	nce:		
Insurer				
Comments:			·	·
MXIDEO, MXFDI	EO, COPAYO, CO	INSO, MXICOC	), MSFCOO are a set	of facility data,

#### 8/18/05

8/18/05				EMIDEKSIIIF TILE
Element	Descriptive	Field	Definitions and Ro	
Number:	Name: Max Individual	Name:	The total out of pocket expense that an	
00035M	Deductible	MXIDEC	individual is responsible for within a plan year before the insurer pays the full cost	
	(Comb)			ng co-payments and
	(Collib)		co-insurance when	
				cal/Health coverage
			provisions for comb	
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 1 Appendix B	-2
Intra Element Va				
Positive numeric va		nal format.		
Inter Element Val	lidation:		<b>Production Repor</b>	ts:
Company specific.			3.5 1101 /1	
			Modifications:	
			This field was 5 numerics in TM2, but 9 in TM3.	
Data Source:	<b>External Refere</b>	nce:		
Insurer				
Comments:				
		INSC, MXICOC	, MXFCOC are a set	of facility data,
although independent of one another.				

8/18/05			IVII	EMBERSHIP FILE
Element Number: 00036M	Descriptive Name: Max Family Deductible (Comb)	Field Name: MXFDEC	Definitions and References: The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable. This applies to the Medical/Health coverage provisions for combined.	
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference: Var. 1 Appendix B-	-2
Intra Element Val Positive numeric va				
Inter Element Validation: Company specific.  Modifica This field			Modifications: This field was 5 num in TM3.	merics in TM2, but 9
Data Source: External Reference: Insurer				
Comments: MXIDEC, MXFDE although independe		INSC, MXICOC	, MXFCOC are a set	of facility data,

Element Number: 00037M	Name: Copay (Comb)	Field Name: COPAYC	Definitions and References: The pre-set, fixed-dollar amount that the individual is responsible for with each episode of care. This applies to the Medical/Health coverage provisions for combined.	
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2	
Intra Element Val Positive numeric va		circus.		
Inter Element Validation: Company specific.			Production Reports:  Modifications: This field was 7 numerics in TM2, but 9 in TM3.	
Data Source: Insurer	External Referen	nce:		
Comments: MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.				

8/18/05 MEMBERSHIP FILE				EMIDERSHIP FILE
Element	Descriptive	Field	<b>Definitions and Re</b>	eferences:
Number:	Name:	Name:	The proportion of the	he cost of health care
00038M	Coinsurance	COINSC	services that is the member's	
	(Comb)		responsibility to pay. This is commonly	
	, ,			ntage. For the KHIIS
			database, report the	
			fractional amount r	
			percentage. For ex	
				t 020. This applies to
				coverage provisions
			for combined.	es verage provisions
İ			Tor comomed.	
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
3.2	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 1 Appendix B	-2
Intra Element Va				
	alue in zoned decii	nal format; value	represents a percenta	age and must be ranged
from 0 thru 100.			T	
Inter Element Va			<b>Production Repor</b>	ts:
Company specific.				
			Modifications:	
		This field remained unchanged from TM2		
			to TM3.	
Data Source:	External Refere	ence:		
Insurer				
Comments:				
MXIDEC, MXFD	MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data,			
although independent of one another.				

8/18/05	8/18/05 MEMBERSHIP FILE				
Element Number: 00039M	Name: Max Individual Coinsurance (Comb)	Field Name: MXICOC	Definitions and References: The maximum amount of co-insurance an individual is responsible for within a plan year. This applies to the Medical/Health coverage provisions for combined Services.		
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA	
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2		
Intra Element Val Positive numeric va					
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
Company specific.			Modifications: This field was 5 numerics in TM2, but 9 in TM3.		
Data Source: Insurer					
Comments:  MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data, although independent of one another.					

although independent of one another.

8/18/05	8/18/05 MEMBERSHIP FILE				
Element Number: 00040M	Descriptive Name: Max Family Coinsurance (Comb)	Field Name: MXFCOC	Definitions and References: The maximum amount of co-insurance a family is responsible for within a plan year. This applies to the Medical/Health coverage provisions for combined.		
Field Description: Length 9.0	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA	
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:  Var. 1 Appendix B-2		
Intra Element Val	idation and Refer	ences:			
Positive numeric va	alue in zoned decin	nal format.			
Inter Element Validation: Company specific.			Production Reports:  Modifications: This field was 5 numerics in TM2, but 9 in TM3.		
Data Source: Insurer	External Referen	nce:			
Comments: MXIDEC, MXFDEC, COPAYC, COINSC, MXICOC, MXFCOC are a set of facility data,					

8/18/05			IVII	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	The number of tiers (or levels) of	
00041M	Drug Tier Code	DGTCD	co-payment and/or coinsurance. That is,	
			co-payment/coinsur	rance combinations
			may depend upon w	whether a drug is
				generic non-formulary,
			brand name formula	
			non-formulary. The	e number of different
				combinations is the
			drug tier code.	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
1	Alpha/Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGCOPGF,	Reference:		
	DGCOPGN,		Var. 1 Appendix B-	-2
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val	idation and Refer	ences:		
Positive numeric va		nal format.		
Inter Element Val	idation:		Production Repor	ts:
Company specific.				
			<b>Modifications:</b>	
	1		New with TM3	
Data Source:	External Referen	nce:		
Insurer				
Comments:				

8/18/05			M	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	The pre-set, fixed-c	lollar, amount for
00042M	Drug Copay	DGCOPGF	which the individua	
	Amount -		each prescription of	f a generic drug
	Generic		contained in the for	mulary.
	Formulary			•
Field	•			
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGN,		Var. 1 Appendix B-	-2
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Va	lidation and Refer	ences:	•	
Positive numeric v	alue in zoned decin	nal format.		
Inter Element Va	lidation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			New with TM3	
Data Source:	External Refere	nce:		
Insurer				
Comments:				

8/18/05			MI	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The pre-set, fixed-dollar, amount for	
00043M	Drug Copay	DGCOPGN	which the individua	l is responsible for
	Amount -		each prescription of	f a generic drug not
	Generic		contained in the for	
	Non-Formulary			•
Field	·			
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val				
Positive numeric va		nal format.	T	
Inter Element Val	idation:		Production Repor	ts:
Company specific.				
			Modifications:	
<b>5</b>	I		New with TM3	
Data Source:	External Refere	nce:		
Insurer				
Comments:				

#### 8/18/05

8/18/05	8/18/05 MEMBERSHIP FILE				
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The pre-set, fixed-d	lollar, amount for	
00044M	Drug Copay	DGCOPBF	which the individua	al is responsible for	
	Amount - Brand		each prescription of	f a brand name drug	
	Name		contained in the for	mulary.	
	Formulary			•	
Field	·				
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted	DGTCD,	Reference:			
	DGCOPGF,		Var. 1 Appendix B-	-2	
	DGCOPGN,				
	DGCOPBN,				
	DGCOPO,				
	DGCOIGF,				
	DGCOIGN,				
	DGCOIBF,				
	DGCOIBN,				
	DGCOIO,				
	DGIDED,				
	DGFDED,				
	DGICOI,				
	DGFCOI				
Intra Element Val	lidation and Refer	ences:			
Positive numeric va	alue in zoned decin	nal format.			
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
Company specific.					
			<b>Modifications:</b>		
	1		New with TM3		
Data Source:	External Refere	nce:			
Insurer					
Comments:					

**DGCOPBN** 

8/18/05			MI	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The pre-set, fixed-dollar, amount for	
00045M	Drug Copay	DGCOPBN	which the individual is responsible for	
	Amount - Brand		each prescription of a brand name drug	
	Name		not contained in the	formulary.
	Non-Formulary			·
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	right	Null	NA
		-		
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val	lidation and Refer	ences:		
Positive numeric va		nal format.		
Inter Element Val	idation:		Production Repor	ts:
Company specific.				
			<b>Modifications:</b>	
	1		New with TM3	
Data Source:	External Referen	nce:		
Insurer				
Comments:				

8/18/05	_		1711	EMIDENSHIF FILE
Element	Descriptive Name:	Field	Definitions and Re	
Number:	1 (012220)	Name:	The pre-set, fixed-dollar, amount for	
00046M	Drug Copay	DGCOPO	which the individual is responsible for	
	Amount - Other			f a drug not in other
			drug copay categori	ies.
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
		Č		
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Va				
Positive numeric v		nal format.	1	
Inter Element Va			<b>Production Reports:</b>	
Company specific.				
			<b>Modifications:</b>	
	T		New with TM3	
Data Source:	External Refere	nce:		
Insurer				
Comments:				

Descriptive Number:   Name:   Name:   Drug   DGCOIGF   Formulary	8/18/05 MEMBERSHIP FILE				
Drug Coinsurance Percent - Generic Generic Formulary	Element	Descriptive	Field	Definitions and Re	eferences:
Coinsurance Percent - Generic Formulary   Signature   Percent - Generic Formulary   Priest	Number:	Name:	Name:		
Percent - Generic Formulary   Field   Description: Length   3.2   Data Type Numeric   Right   Table Reference:   Var. 1 Appendix B-2	00047M	Drug	DGCOIGF	for which the individual is responsible, fo	
Field Description: Length 3.2  Related Data: Restricted  Var. 1 Appendix B-2  Var. 1 Appendix B-2  Var. 1 Appendix B-2  Var. 1 Appendix B-2  Production Restricted  Null  Right	Coinsurance		a generic drug conta	ained in the formulary.	
Field Description: Length 3.2  Related Data: Restricted  Restricted  Restricted  Reference:  DGCOPGF, DGCOPGF, DGCOPBN, DGCOPBN, DGCOIBN, DGCOIBN, DGCOIBN, DGCOIDD, DGFDD, DGFDD, DGFCOI  Intra Element Validation and References:  Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Data Source: Insurer  Insurer  Sequently Level: Related Data: Right  TM3 Reference: Var. 1 Appendix B-2  Var. 1 Appendix B-2  Fill Rate Expected (KHIIS Average) NA  Fill Rate Expected (KHIIS Average) NA  Fill Rate Expected Value (KHIIS Average) NA  Fill Rate Expected (KHIIS Average) NA  Fill Rate Expected Value (KHIIS Average) NA  These is a specific to the simple of the		Percent -			
Pield   Description: Length   3.2   Data Type   Numeric   Security Level: Restricted   DGTCD, DGCOPGF, DGCOPGF, DGCOPBF, DGCOPBN, DGCOIBN, DGCOIBN, DGCOIBN, DGCOIBN, DGCOIBN, DGCOIDD, DGFDED, DGICOI, DGFDED, DGICOI, DGFDED, DGICOI, DGFDED, DGICOI, DGFDED, DGICOI, DGFDED, DGGOBN   DGFDED, DGICOI, DGFDED, DGF		Generic			
Description: Length 3.2   Data Type Numeric   Dustification Right   Security Level: Related Data: DGTCD, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOIGN, DGCOIBF, DGCOIBF, DGCOIBF, DGCOIGN, DGFDD, DGF		Formulary			
Length 3.2   Data Type Numeric   Sight   Sig	Field				
Length 3.2   Data Type Numeric   Sight   Sig	Description:			Expected Value	Fill Rate Expected
Security Level: Restricted Restricted Reference: Reference: Reference: Reference:  Reference:  Var. 1 Appendix B-2  Var. 1 Appendix B-2  Reference:  Var. 1 Appendix B-2  Page 1  Reference:  Var. 1 Appendix B-2  Var. 1 Append	<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	
Restricted DGTCD, DGCOPGF, DGCOPGN, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPBN, DGCOPBN, DGCOPBN, DGCOIGN, DGCOIBF, DGCOIBF, DGCOIBF, DGCOIBF, DGCOIBP, DGCOIDED, DGFDED, DGFDED, DGFOCI DGFOCOI  Intra Element Validation and References:  Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation:  Company specific.  Inter Element Validation:  Company specific.  Bata Source: Insurer    Data Source: Insurer   External Reference:	3.2		Right	Null	NA
Restricted DGTCD, DGCOPGF, DGCOPGN, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPBN, DGCOPBN, DGCOPBN, DGCOIGN, DGCOIBF, DGCOIBF, DGCOIBF, DGCOIBF, DGCOIBP, DGCOIDED, DGFDED, DGFDED, DGFOCI DGFOCOI  Intra Element Validation and References:  Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation:  Company specific.  Inter Element Validation:  Company specific.  Bata Source: Insurer    Data Source: Insurer   External Reference:					
Restricted DGTCD, DGCOPGF, DGCOPGF, DGCOPGN, DGCOPBF, DGCOPBN, DGCOPBN, DGCOPBN, DGCOIGN, DGCOIGN, DGCOIBF, DGCOIBF, DGCOIBF, DGCOIDED, DGFDED, DGFDED, DGFCOI  Intra Element Validation and References:  Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation:  Company specific.  Inter Element Validation:  Company specific.  Bata Source: Insurer    Data Source: Insurer   External Reference:	Security Level:	Related Data:	Table	TM3 Reference:	
DGCOPGN, DGCOPBF, DGCOPBN, DGCOPO, DGCOIGN, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGFDED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Production Reports:  Modifications: New with TM3  Data Source: Insurer  Reference:		DGTCD,	Reference:		
DGCOPBF, DGCOPBN, DGCOPO, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGFDED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.    Production Reports:   Modifications: New with TM3		DGCOPGF,		Var. 1 Appendix B-	-2
DGCOPBN, DGCOPO, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIDN, DGCOIDN, DGCOIDN, DGFDED, DGFDED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Company specific.  Data Source: Insurer    Data Source:		DGCOPGN,			
DGCOPO, DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer    Production Reports:   Modifications: New with TM3		DGCOPBF,			
DGCOIGN, DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGFOED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Inter Element Validation:  Company specific.  Bata Source: Insurer    Modifications: New with TM3		DGCOPBN,			
DGCOIBF, DGCOIBN, DGCOIO, DGIDED, DGFDED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGCOPO,			
DGCOIBN, DGCOIO, DGIDED, DGIDED, DGFDED, DGICOI, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGCOIGN,			
DGCOIO, DGIDED, DGFDED, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGCOIBF,			
DGIDED, DGFDED, DGICOI, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGCOIBN,			
DGFDED, DGICOI, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGCOIO,			
DGICOI, DGFCOI  Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGIDED,			
Intra Element Validation and References: Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGFDED,			
Intra Element Validation and References:  Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation:  Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGICOI,			
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.  Inter Element Validation:  Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:		DGFCOI			
from 0 thru 100.  Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:	Intra Element Val	lidation and Refer	rences:		
Inter Element Validation: Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:	Positive numeric va	alue in zoned decin	nal format; value	represents a percenta	nge and must be ranged
Company specific.  Modifications: New with TM3  Data Source: Insurer  External Reference:	from 0 thru 100.				
Modifications: New with TM3  Data Source: Insurer  External Reference:	Inter Element Val	idation:		<b>Production Reports:</b>	
New with TM3  Data Source: External Reference: Insurer	Company specific.				
Data Source: External Reference: Insurer				<b>Modifications:</b>	
Insurer				New with TM3	
	Data Source:	External Referen	nce:		
Comments:	Insurer				
	Comments:				

8/18/05			MI	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The percent of the	cost of the prescription
00048M	Drug	DGCOIGN	for which the indivi	idual is responsible, for
	Coinsurance		a generic drug not o	contained in the
	Percent -		formulary.	
	Generic			
	Non-Formulary			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
3.2	Numeric	Right	Null	NA
a				
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		_
	DGCOPGF,		Var. 1 Appendix B	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
T 4 TO 177 7	DGFCOI			
Intra Element Val				
from 0 thru 100.	liue in zoned decin	nai iormat; value	represents a percenta	nge and must be ranged
Inter Element Val	idation		Draduction Dance	ta.
Company specific.	iuation:		Production Repor	ıs:
Company specific.			Modifications:	
			New with TM3	
Data Source:	External Referen	nce:		
Company policy				
document				
Comments:				

8/18/05 MEMBERSHIP FILE				
Element Number: 00049M	Descriptive Name: Drug Coinsurance Percent - Brand Name Formulary	Field Name: DGCOIBF	<b>Definitions and References:</b> The percent of the cost of the prescriptio for which the individual is responsible, for a brand name drug contained in the formulary.	
Field Description:			Expected Value	Fill Rate Expected
Length 3.2	<u>Data Type</u> Numeric	Justification Right	for Missing Data Null	(KHIIS Average) NA
Security Level:	Related Data:	Table	TM3 Reference:	l
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val	idation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format; value	represents a percenta	age and must be ranged
from 0 thru 100.				
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			New with TM3	
Data Source:	External Refere	nce:		
Insurer				
Comments:				

8/18/05

8/18/05			1011	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The percent of the o	cost of the prescription
00050M	Drug	DGCOIBN		dual is responsible, for
	Coinsurance		a brand name drug	not contained in the
	Percent - Brand		formulary.	
	Name		-	
	Non-Formulary			
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
3.2	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Vali	dation and Refer	ences:		
Positive numeric val	lue in zoned decim	nal format; value	represents a percenta	ge and must be ranged
from 0 thru 100.				
Inter Element Valid	dation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			New with TM3	
Data Source:	External Referen	nce:		
Insurer				
				DGCOIO

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:		cost of the prescription
00051M	Drug	DGCOIO		idual is responsible, for
	Coinsurance		a brand name drug	
	Percent - Other		coinsurance categor	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
3.2	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:	TWIS Reference.	
	DGCOPGF,	Therefore chiece.	Var. 1 Appendix B	-2
	DGCOPGN,		The second secon	
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val				
	alue in zoned decin	nal format; value	represents a percenta	age and must be ranged
from 0 thru 100.			T	
Inter Element Val	idation:		Production Repor	ts:
Company specific.			3.5. 3101	
			Modifications:	
Data Carres	E-41 D-6		New with TM3	
Data Source:	External Refere	nce:		
Insurer				
Comments:				

8/18/05			IVII	EMBERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The total out of pocket prescription drug	
00052M	Drug Individual	DGIDED	expense an individual is responsible for	
	Deductible		within a plan year b	efore the insurer pays
			the full cost of pres	cription drugs
			excluding co-payme	ents and co-insurance
			when applicable.	
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val				
Positive numeric va		nal format.		
Inter Element Val	idation:		Production Repor	ts:
Company specific.				
			Modifications:	
				merics in TM2, but 9
<b>5</b> . d	In		in TM3.	
Data Source:	External Referen	nce:		
Insurer				
Comments:				

8/18/05 MEMBERSHIP FILE				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The total out of poc	ket prescription drug
00053M	Drug Family	DGFDED	expense that a famil	ly would incur within a
	Deductible		plan year before the insurer pays the full	
			cost of prescription	drugs excluding
			co-payments and co	-insurance when
			applicable.	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGICOI,			
	DGFCOI			
Intra Element Val				
Positive numeric va		nal format.	T	
Inter Element Val	idation:		Production Report	ts:
Company specific.			3.6 3.00	
			Modifications:	
				merics in TM2, but 9
D. C.	E 4ID.6		in TM3.	
Data Source:	External Referen	nce:		
Insurer				
Comments:				

Number: 00054M  Field Description: Length 9.0  Security Level:	Descriptive Name: Drug Individual Coinsurance  Data Type Numeric  Related Data: DGTCD,	Name: DGICOI  Justification Right  Table	for prescription medis responsible for w  Expected Value for Missing Data Null	unt of co-insurance, dications, an individual ithin a plan's year.  Fill Rate Expected (KHIIS Average) NA
Field Description: Length 9.0 Security Level:	Data Type Numeric  Related Data:	Justification Right	Expected Value for Missing Data Null	ithin a plan's year.  Fill Rate Expected (KHIIS Average)
Field Description: Length 9.0 Security Level:	Data Type Numeric  Related Data:	Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average)
Description:  Length 9.0  Security Level:	Numeric  Related Data:	Right	for Missing Data Null	(KHIIS Average)
Description:  Length 9.0  Security Level:	Numeric  Related Data:	Right	for Missing Data Null	(KHIIS Average)
Length 9.0 Security Level:	Numeric  Related Data:	Right	for Missing Data Null	(KHIIS Average)
9.0 Security Level:	Numeric  Related Data:	Right	Null	
Security Level:	Related Data:		- 1,0	NA
		Table		
			TM3 Reference:	
Restricted		Reference:	TWIS Reference.	
	DGCOPGF,	Keierence.	Var. 1 Appendix B-	2
	DGCOPGN,		vai. 1 Appendix B-2	
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGFCOI			
Intra Element Vali	dation and Refer	ences:		
Positive numeric val		nal format.	1	
Inter Element Valid	dation:		Production Report	ts:
Company specific.				
			<b>Modifications:</b>	
				merics in TM2, but 9
			in TM3.	
	External Referen	nce:		
Insurer				
Comments:				

8/18/05			IVII	EMIDERSHIP FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:		unt of co-insurance,
00055M	Drug Family	DGFCOI	for prescription med	dications, a family is
	Coinsurance		responsible for with	in a plan's year.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	DGTCD,	Reference:		
	DGCOPGF,		Var. 1 Appendix B-	-2
	DGCOPGN,			
	DGCOPBF,			
	DGCOPBN,			
	DGCOPO,			
	DGCOIGF,			
	DGCOIGN,			
	DGCOIBF,			
	DGCOIBN,			
	DGCOIO,			
	DGIDED,			
	DGFDED,			
	DGICOI			
Intra Element Val	idation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		Production Report	ts:
Company specific.				
			<b>Modifications:</b>	
				merics in TM2, but 9
	1		in TM3.	
Data Source:	External Referen	nce:		
Insurer				
Comments:				

DNIDE

8/16/05 INLINIDERSIIII TIEL				
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	*	eket dental expense an
00056M	Dental	DNIDE	individual is responsible for within a plan	
	Individual		year before the insurer pays the full cost	
	Deductible		of dental services e	xcluding co-payments
	(Basic)		and co-insurance w	hen applicable. This
			applies to the basic	dental coverage plan
			provision.	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNFDE,	Reference:		
	DNICO,		Var. 1 Appendix B-	-3
	DNFCO,			
	DNCOP			
Intra Element Val	lidation and Refer	ences:		
Positive numeric va		nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 numerics in TM2, but 9	
			in TM3.	
Data Source:	External Refere	nce:		
Insurer				
Comments:				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The total out of poc	ket dental expense that
00057M	Dental Family	DNFDE	a family would incu	ır within a plan year
	Deductible		before the insurer p	ays the full cost of
	(Basic)		dental services excl	
				hen applicable. This
			applies to the basic	dental coverage plan
			provision.	
Field	+	-		
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
7.0	rumene	Night	11411	11/1
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDE,	Reference:		
	DNICO,		Var. 1 Appendix B-	-3
	DNFCO,			
	DNCOP			
Intra Element Val	idation and Refer	ences:		<u> </u>
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 nur	merics in TM2, but 9
			in TM3.	
Data Source:	External Referen	nce:		

# Insurer Comments:

Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

DNICO

El	Danasiadias	Field	D-6-:4: 1 D	C
Element	Descriptive	- 1010	Definitions and Re	
Number:	Name:	Name:	The maximum amount of co-insurance,	
00058M	Dental	DNICO	for dental services, an individual is	
	Individual		responsible for within a plan year. This	
	Coinsurance			dental coverage plan
	(Basic)		provision.	
	(Busic)		provision	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
, , ,		8	2 , 52	
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDE,	Reference:		
	DNFDE,		Var. 1 Appendix B-	-3
	DNFCO.			
	DNCOP			
	Diveor			
Intra Element Val	idation and Refer	ences:	•	
Positive numeric va	alue in zoned decim	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 nu	merics in TM2, but 9
			in TM3.	,
Data Source:	External Referen	nce:	l .	
Insurer				

#### **Comments:**

Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

# MEMBERSHIP FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amount of co-insurance,	
00059M	Dental Family	DNFCO	for dental services a family is responsible	
	Coinsurance		for within a plan ye	ar. This applies to the
	(Basic)		basic dental covera	ge plan provision.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDE,	Reference:		
	DNFDE,		Var. 1 Appendix B-	-3
	DNICO,			
	DNCOP			
Intra Element Va		circus.	<u> </u>	
Positive numeric va		nal format.	T	
Inter Element Val	idation:		Production Repor	ts:
Company specific.				
			Modifications:	
				merics in TM2, but 9
			in TM3.	
Data Source:	External Referen	nce:		
Insurer				

# **Comments:**

# MEMBERSHIP FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The proportion of the cost of dental	
00060M	Dental	DNCOP	services that is the member's	
	Coinsurance		responsibility to pay. This is commonly	
	Percent (Basic)		reported as a percentage. For the KHIIS	
	, , ,		database report the proportion or	
			fractional amount rather than as a	
			percentage. For example, a 20%	
			co-insurance is to be submitted as 020.	
			This applies to the basic dental coverage	
			plan provision.	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
3.2	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	DNIDE,	Reference:		
	DNFDE,		Var. 1 Appendix B-3	
	DNICO,		•	
	DNFCO			
Intra Element Va	lidation and Refer	ences:	•	
Positive numeric value in zoned desimal format; value represents a percentage and must be				

Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.

Inter Element Validation: Company specific.	Production Reports:
Company specific.	Modifications: This field remained unchanged from TM2 to TM3.

Data Source:	External Reference:
Insurer	

#### **Comments:**

8/18/05 WIEWIBERSTIII THE					
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The total out of pocket dental expense an		
00061M	Dental	DNIDEA	individual is respon	sible for within a plan	
	Individual		year before the insu	rer pays the full cost	
	Deductible		of dental services e	xcluding co-payments	
	(BLA)		and co-insurance w	hen applicable. This	
			applies to the denta	l coverage plan	
			provision designate	d as 'A' by the insurer.	
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted	DNFDEA,	Reference:			
	DNICOA,		Var. 1 Appendix B	-3	
	DNFCOA,				
	DNCOPA				
Intra Element Va					
Positive numeric v	alue in zoned decin	nal format.	1		
Inter Element Val	lidation:		Production Reports:		
Company specific.					
			<b>Modifications:</b>		
			This field was 5 numerics in TM2, but 9		
			in TM3.		
Data Source:	<b>External Refere</b>	nce:			
Company policy					
document					

Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

**DNFDEA** 

8/18/05 MEMBERSHIP FILE

	T	I	T		
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The total out of pocket dental expense that		
00062M	Dental Family	DNFDEA	a family would incur within a plan year		
0000=	Deductible		before the insurer pays the full cost of		
	(BLA)		dental services excl		
	(BLA)				
				hen applicable. This	
			applies to the denta		
			provision designate	d as 'A' by the insurer.	
Field					
Description:			Expected Value	Fill Rate Expected	
Length	Data Type	Justification	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
		8		·	
Security Level: Related Data: Table		TM3 Reference:			
Restricted	DNIDEA,	Reference:	11/10 11010101000		
Restricted	DNICOA,	Reference.	Var. 1 Appendix B-	2	
	/		vai. i Appendix b	-5	
	DNFCOA,				
	DNCOPA				
Intra Element Val					
Positive numeric va	alue in zoned decin	nal format.			
Inter Element Val	idation:		Production Reports:		
Company specific.					
		Modifications:			
		This field was 5 numerics in TM2, but 9			
			in TM3.	,	
Data Source:	External Referen	nce:			
Company policy					
document					
document	1				

# **Comments:**

Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

DNICOA MEMBERSHIP FILE

8/18/05

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amount of co-insurance.	
00063M	Dental	DNICOA	for dental services, an individual is	
	Individual			nin a plan year. This
	Coinsurance		applies to the denta	
	(BLA)			d as 'A' by the insurer.
				•
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEA,	Reference:		
	DNFDEA,		Var. 1 Appendix B-	-3
	DNFCOA,			
	DNCOPA			
Intra Element Val				
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		Production Repor	ts:
Company specific.				
			Modifications:	
				merics in TM2, but 9
			in TM3.	
Data Source:	External Referen	nce:		
Insurer				

WEWDERSTIII TIEE					
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	The maximum amount of co-insurance,		
00064M	Dental Family	DNFCOA	for dental services a family is responsible		
	Coinsurance		for within a plan ye	ar. This applies to the	
	(BLA)		dental coverage pla	n provision designated	
			as 'A' by the insurer		
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
9.0	Numeric	Right	Null	NA	
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:		
Restricted	DNIDEA,	Reference:			
	DNFDEA,		Var. 1 Appendix B-	-3	
	DNICOA,				
	DNCOPA				
Intra Element Va	lidation and Refer	ences:			
Positive numeric v	alue in zoned decin	nal format.			
Inter Element Va	lidation:		<b>Production Reports:</b>		
Company specific.					
			<b>Modifications:</b>		
			This field was 5 numerics in TM2, but 9		
			in TM3.		
Data Source:	<b>External Refere</b>	nce:			
Insurer					

District Design						
Element	Descriptive	Field	<b>Definitions and References:</b>			
Number:	Name:	Name:	The proportion of the cost of dental			
00065M	Dental	DNCOPA	services that is the member's			
	Coinsurance		responsibility to pay	y. This is commonly		
	Percent (BLA)		reported as a percei	ntage. For the KHIIS		
			database report the	proportion or		
			fractional amount r	ather than as a		
			percentage. For ex	ample, a 20%		
			co-insurance is to be submitted as 020.			
			This applies to the dental coverage plan			
			provision designated as 'A' by the insurer.			
Field						
<b>Description:</b>			Expected Value	Fill Rate Expected		
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)		
3.2	Numeric	Right	Null	NA		
Security Level:	Related Data:	Table	TM3 Reference:			
Restricted	DNIDEA,	Reference:				
	DNFDEA,		Var. 1 Appendix B-3			
	DNICOA,					
	DNFCOA					
Intra Element Va	Intra Element Validation and References:					
Positive numeric v	alue in zoned decin	nal format; value	represents a percenta	age and must be ranged		
from 0 thru 100.						

Inter Element Validation:	<b>Production Reports:</b>
Company specific.	
	Modifications:
	This field remained unchanged from TM2
	to TM3.

L		
Ī	Data Source:	External Reference:
	Insurer	

F14	Element Descriptive Field Definitions and References:					
Element	Descriptive	2 1010	<b>Definitions and References:</b>			
Number:	Name:	Name:	The total out of pocket dental expense an			
00066M	Dental	DNIDEB	individual is respon	sible for within a plan		
	Individual		year before the insu	rer pays the full cost		
	Deductible		of dental services e	xcluding co-payments		
	(BLB)		and co-insurance w	hen applicable. This		
			applies to the denta	l coverage plan		
			provision designate	d as 'B' by the insurer.		
Field						
<b>Description:</b>			Expected Value	Fill Rate Expected		
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)		
9.0	Numeric	Right	Null	NA		
	- 1,5	8				
Security Level:	Related Data:	Table	TM3 Reference:			
Restricted	DNFDEB,	Reference:				
	DNICOB,		Var. 1 Appendix B	-3		
	DNFCOB,					
	DNCOPB					
Intra Element Val	lidation and Refer	ences:				
Positive numeric va	alue in zoned decin	nal format.				
Inter Element Val	Inter Element Validation:		Production Reports:			
Company specific.						
	1 7 1		<b>Modifications:</b>			
			This field was 5 numerics in TM2, but 9			
		Tills ficia was J fia.	menes m inte, out			
			in TM3.	meries in 1112, out )		

Insurer

**Data Source**:

Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

**External Reference:** 

G/10/05				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The total out of poo	eket dental expense that
00067M	Dental Family	DNFDEB	a family would incu	ır within a plan year
	Deductible		before the insurer p	ays the full cost of
	(BLB)		dental services excl	uding co-payments
			and co-insurance w	hen applicable. This
			applies to the denta	l coverage plan
			provision designate	d as 'B' by the insurer.
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEB,	Reference:		
	DNICOB,		Var. 1 Appendix B	-3
	DNFCOB,			
	DNCOPB			
Intra Element Val	idation and Refer	ences:		
Positive numeric va	lue in zoned decin	nal format.		
Inter Element Validation:		Production Repor	ts:	
Company specific.				
		<b>Modifications:</b>		
		This field was 5 numerics in TM2, but 9		
			in TM3.	
Data Source:	External Refere	nce:		

Insurer

Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health services used. These provisions may vary depending on the type of service. Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields dummy fields are to be created and filled with zeros sufficient to match the file layout specifications.

DNICOB MEMBERSHIP FILE

Element Number: 00068M	Descriptive Name: Dental Individual Coinsurance (BLB)	Field Name: DNICOB	for dental services, responsible for with applies to the denta	unt of co-insurance, an individual is nin a plan year. This
Field Description: Length 9.0	Data Type Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data: DNIDEB, DNFDEB, DNFCOB, DNCOPB	Table Reference:	TM3 Reference:  Var. 1 Appendix B-	-3
Intra Element Val Positive numeric va		CIICOS.		
Inter Element Val Company specific.			Modifications: This field was 5 numerin TM3.	merics in TM2, but 9
Data Source: Insurer	External Referen	nce:		

0/10/03			1713	SWIDENSTIII TILL
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amo	unt of co-insurance,
00069M	Dental Family	DNFCOB	for dental services a	family is responsible
	Coinsurance		for within a plan ye	ar. This applies to the
	(BLB)		dental coverage pla	n provision designated
			as 'B' by the insurer	
			•	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEB,	Reference:		
	DNFDEB,		Var. 1 Appendix B-	-3
	DNICOB,			
	DNCOPB			
Intra Element Val	idation and Refer	ences:		
Positive numeric va	lue in zoned decim	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.			_	
		Modifications:		
		This field was 5 numerics in TM2, but 9		
			in TM3.	
Data Source:	External Referen	nce:		
Insurer				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The proportion of the	he cost of dental
00070M	Dental	DNCOPB	services that is the	
	Coinsurance		responsibility to par	y. This is commonly
	Percent (BLB)		reported as a percei	ntage. For the KHIIS
			database report the	proportion or
			fractional amount r	ather than as a
			percentage. For ex	ample, a 20%
			co-insurance is to b	e submitted as 020.
			This applies to the	dental coverage plan
			provision designate	d as 'B' by the insurer.
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
3.2	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEB,	Reference:		
	DNFDEB,		Var. 1 Appendix B	-3
	DNICOB,			
	DNFCOB			
Intra Element Validation and References:				
Positive numeric value in zoned decimal format; value represents a percentage and must be ranged				
from 0 thru 100.				
Inter Element Val	idation:		Production Repor	ts:

Inter Element Validation:	<b>Production Reports:</b>
Company specific.	
	Modifications:
	This field remained unchanged from TM2
	to TM3.

Data Source: E	External Reference:
Insurer	

8/18/03 WIEWIBERSTIII TIE				CMDERSIII TIEE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The total out of poo	eket dental expense an
00071M	Dental	DNIDEC	individual is respon	sible for within a plan
	Individual		year before the insu	rer pays the full cost
	Deductible		of dental services e	xcluding co-payments
	(BLC)		and co-insurance w	hen applicable. This
			applies to the denta	l coverage plan
			provision designate	d as 'C' by the insurer.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNFDEC,	Reference:		
	DNICOC,		Var. 1 Appendix B	-3
	CNFCOC,			
	DNCOPC			
Intra Element Va				
Positive numeric v		nal format.	•	
Inter Element Va	lidation:		Production Repor	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 numerics in TM2, but 9	
			in TM3.	
Data Source:	<b>External Refere</b>	nce:		
Insurer				

	Ι	I	I	-
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	The total out of poc	ket dental expense that
00072M	Dental Family	DNFDEC	a family would incu	ır within a plan year
	Deductible		before the insurer p	ays the full cost of
	(BLC)		dental services excl	
	,			hen applicable. This
			applies to the denta	
				d as 'C' by the insurer.
			provision designate	d us C by the insurer.
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
		_		
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEC,	Reference:		
	DNICOC,		Var. 1 Appendix B-	-3
	CNFCOC,		11	
	DNCOPC			
	21,0010			
Intra Element Val	idation and Refer	ences:		
Positive numeric va	lue in zoned decin	nal format.		
Inter Element Validation:		Production Report	ts:	
Company specific.				
		Modifications:		
		This field was 5 nu	merics in TM2, but 9	
			in TM3.	
Data Source:	External Referen	nce:		
Insurer				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amo	unt of co-insurance,
00073M	Dental	DNICOC	for dental services,	an individual is
	Individual		responsible for with	nin a plan year. This
	Coinsurance		applies to the denta	
	(BLC)		provision designate	d as 'C' by the insurer.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEC,	Reference:		
	DNFDEC,		Var. 1 Appendix B	-3
	CNFCOC,			
	DNCOPC			
Intra Element Va				
Positive numeric v		nal format.	T	
Inter Element Val	lidation:		Production Repor	ts:
Company specific.			3.5. 3101	
			Modifications:	' ' TDMO 1 40
			in TM3.	merics in TM2, but 9
Data Source:	External Referen		III 1 IVI 3.	
	External Kelerei	nce:		
Insurer				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:		unt of co-insurance,
00074M	Dental Family	DNFCOC		a family is responsible
0007 1111	Coinsurance	Divi ede	for within a plan ye	
	(BLC)		the dental coverage	
	(BLC)		designated as 'C' by	
			designated as C by	the mourer.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDEC,	Reference:		
	DNFDEC,		Var. 1 Appendix B-	-3
	DNICOC,			
	DNCOPC			
Intra Element Val	idation and Refer	ences:		
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 nu	merics in TM2, but 9
			in TM3.	
Data Source:	External Referen	nce:		
Insurer				

Element Number: 00075M	Descriptive Name: Dental Coinsurance Percent (BLC)	Field Name: DNCOPC	for dental services, responsible for with applies to the denta	unt of co-insurance, an individual is nin a plan year. This
Field Description: Length 3.2	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data: DNIDEC, DNFDEC, DNICOC, DNFCOC	Table Reference:	TM3 Reference:  Var. 1 Appendix B-	-3

# **Intra Element Validation and References:**

Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.

Inter Element Validation:	Production Reports:
Company specific.	
	Modifications:
	This field remained unchanged from TM2
	to TM3.
D . G	<u> </u>

Data Source:	External	Reference:
Insurer		

#### **Comments:**

E1	Di4:	T2-13	D-6-:4: 1 D-	C
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	The total out of pocket dental expense an	
00076M	Dental	DNIDED		sible for within a plan
	Individual		year before the insu	rer pays the full cost
	Deductible		of dental services e	xcluding co-payments
	(BLD)		and co-insurance w	hen applicable. This
			applies to the denta	
				d as 'D' by the insurer.
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
D 4 1	DNFDED,	Reference:		
Restricted	DIVIDED,	Reference:		
Kestricted	DNICOD,	Reference:	Var. 1 Appendix B-	-3
Kestricted	′	Kererence:	Var. 1 Appendix B-	-3
Restricted	DNICOD,	Reference:	Var. 1 Appendix B-	-3
Restricted	DNICOD, DNFCOD,	Reference:	Var. 1 Appendix B-	.3
Intra Element Val	DNICOD, DNFCOD, DNCOPD		Var. 1 Appendix B-	-3
	DNICOD, DNFCOD, DNCOPD	rences:		
Intra Element Val	DNICOD, DNFCOD, DNCOPD lidation and Refer	rences:	Var. 1 Appendix B-	
Intra Element Val Positive numeric va	DNICOD, DNFCOD, DNCOPD lidation and Refer	rences:		
Intra Element Val Positive numeric va Inter Element Val	DNICOD, DNFCOD, DNCOPD lidation and Refer	rences:		
Intra Element Val Positive numeric va Inter Element Val	DNICOD, DNFCOD, DNCOPD lidation and Refer	rences:	Production Report	
Intra Element Val Positive numeric va Inter Element Val	DNICOD, DNFCOD, DNCOPD lidation and Refer	rences:	Production Report	ts:
Intra Element Val Positive numeric va Inter Element Val	DNICOD, DNFCOD, DNCOPD lidation and Refer	rences: nal format.	Production Report  Modifications: This field was 5 nur	ts:

Tel 4	D	T21.1.1	D 6' '4' 1D	C
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	The total out of pocket dental expense	
00077M	Dental Family	DNFDED	that a family would incur within a plan	
	Deductible		year before the insu	rer pays the full cost
	(BLD)			xcluding co-payments
	,			hen applicable. This
			applies to the denta	
				d as 'D' by the insurer.
			provision designate	d as D by the historer.
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDED,	Reference:		
	DNICOD,		Var. 1 Appendix B-	-3
	DNFCOD,			
	DNCOPD			
	Breerb			
Intra Element Va				
Positive numeric va	alue in zoned decin	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Company specific.				
			<b>Modifications:</b>	
			This field was 5 nu	merics in TM2, but 9
			in TM3.	
Data Source:	External Referen	nce:		
Insurer				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amount of co-insurance,	
00078M	Dental	DNICOD	for dental services, an individual is	
	Individual		responsible for with	in a plan year. This
	Coinsurance		applies to the denta	l coverage plan
	(BLD)		provision designate	d as 'D' by the insurer.
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted	DNIDED,	Reference:		
	DNFDED,		Var. 1 Appendix B	-3
	DNFCOD,			
	DNCOPD			
Intra Element Va	ilidation and Refer	ences:		
Positive numeric v	alue in zoned decin	nal format.		
Inter Element Va	lidation:		<b>Production Repor</b>	ts:
Company specific.	,		_	
			<b>Modifications:</b>	
			This field was 5 nu	merics in TM2, but 9
			in TM3.	
Data Source:	<b>External Refere</b>	nce:		
Insurer				

6/16/03			1713	CIVIDENSIIII TIEE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum amount of co-insurance,	
00079M	Dental Family	DNFCOD	for dental services a family is responsible	
	Coinsurance		for within a plan ye	ar. This applies to the
	(BLD)			n provision designated
			as 'D' by the insurer	·.
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DNIDED,	Reference:		
	DNFDED,		Var. 1 Appendix B-	-3
	DNICOD,			
	DNCOPD			
Intra Element Va	lidation and Refer	ences:		
Positive numeric v	alue in zoned decin	nal format.	_	
Inter Element Va	lidation:		Production Report	ts:
Company specific.				
			<b>Modifications:</b>	
		This field was 5 numerics in TM2, but 9		
			in TM3.	
Data Source:	External Refere	nce:		
Insurer				

Element Number: 00080M	Descriptive Name: Dental Coinsurance Percent (BLD)	Field Name: DNCOPD	Definitions and References: The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year. This applies to the dental coverage plan provision designated as 'D' by the insurer	
Field Description: Length 3.2	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Restricted	Related Data: DNIDED, DNFDED, DNICOD, DNFCOD	Table Reference:	TM3 Reference:  Var. 1 Appendix B-	-3

# **Intra Element Validation and References:**

Positive numeric value in zoned decimal format; value represents a percentage and must be ranged from 0 thru 100.

Inter Element Val	idation:	Production Reports:
Company specific.		
		<b>Modifications:</b>
		This field remained unchanged from TM2
		to TM3.
D. 4 . C.	E 4 ID C	·

Data Source:	External	Reference:
Insurer		

#### **Comments:**

# MEMBERSHIP FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The maximum benefit the insurer will pay	
00081M	Benefit	BNPYPD	on behalf of the beneficiary per day for a	
	Payment per		hospital stay.	
	Day			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
9.0	Numeric	Right	Null	NA
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 1 Appendix B-3	
Intra Element Val	lidation and Refer	ences:		
Positive numeric va	alue in zoned decim	nal format.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
			3.5.300	
			Modifications:	
			This field was 5 numerics in TM2, but 9	
_ ~	1		in TM3.	
Data Source:	External Referen	nce:		
Insurer				
Comments:				
This field is more frequently used in older policies.				

8/18/05	8/18/05 MEMBERSHIP FILE				
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	These are defined by the insurer to define		
00082M	Special	SPECCD	coverage plans in lieu of delineating		
	Coverage Codes		specific items under	r the plan provisions.	
			These must be defin	ned in the data	
				erence table (database	
			or spreadsheet) pro	vided.	
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)	
7	Alpha/Numeric	Left	Alpha Numeric of		
	_		Blank		
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
			Var. 1 Appendix B-	-3	
Intra Element Va	alidation and Refer	rences:	L		
Inter Element Va	lidation:		<b>Production Repor</b>	ts:	
			Modifications:		
			This field remained unchanged from TM2		
			to TM3.		
Data Source:	External Referen	nce:			
Insurer					
Comments:					
Med Supp policies	s are often identified	l in this field as 'I	M', as well as other sp	pecial characteristics of	
the data.					

Summary Files

# **FSTDS**Summary File

		•		Sullillary File
Element Number:	Descriptive Name:	Field Name:	<b>Definitions and Re</b> The first date outpa	222 022 022
00008D	First Date of Service	FSTDS	received on a claim or within an encounter. The admission date is to be used for inpatients.	
Field Description:			Expected Value	Fill Rate Expected
Length 8	Data Type CCYYMMDD	<u>Justification</u> Right	for Missing Data Null	(KHIIS Average) 95%
Security Level: Restricted	Related Data: LSTDS	Table Reference:	TM3 Reference:  Var. 8 Appendix B-4	
Intra Element Val No special characte		rences:		
Inter Element Validation:  Production Reports: ad hoc Reports  Modifications: This field remained unchanged from TI to TM3.				
Data Source: CMS-1500 fl 24A or UB92 fl 6A	External Refere	nce:		
Comments:				
First date of service	e should fall within	an eligibility per	riod.	

# LSTDS

				Summary File
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	The last date outpatient services are	
00009D	Last Date of	LSTDS	received on a claim	or within an
	Service		encounter. For inpa	tients, the discharge
			date is to be used. I	f an inpatient has not
			been discharged at	the end of the
			reporting period, th	is field should be filled
			with zeros.	
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
8	CCYYMMDD	Right	Null	Conditional
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted		Reference:		
			Var. 9 Appendix B-4	
Intra Element Val	idation and Refer	ences:		
Inter Element Val	idation:		Production Repor	ts:
			ad hoc Reports	
			<b>Modifications:</b>	
			This field remained	l unchanged from TM2
			to TM3.	
Data Source:	External Referen	nce:		
CMS-1500 fl 24A				
or UB92 fl 6B				
Comments:				
Last date of service should fall within an eligibility period.				

# PDDTE

				Summary File
Element Number: 00010D	Descriptive Name: Date Paid	Field Name: PDDTE	Definitions and References: The date the claim was paid, the amount was applied to the deductible or other accounting process to close this line item. This is the key variable for data preparation.	
Field Description: Length 8	Data Type CCYYMMDD	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) 100%
Security Level: Restricted	Related Data: RPEDTE, DTPAID, RPSDTE	Table Reference:	TM3 Reference: Var. 10 Appendix B-4	
Intra Element Va	  lidation and Refer	ences:		
]			Production Reports: ad hoc Reports, Standard Reports Modifications: This field remained unchanged from TM2 to TM3.	
Data Source: Insurer	External Reference:			
	values beyond the outlication turnaroun		end date for the prim	ary insured due to

# DISCHG Summary File

				Summary File
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	This field applies only to inpatients, as	
00011S	Discharge	DISCHG	identified in the Claim Line of Business	
	Status		(var. 35, LOB = $1$ ), and describes the	
			discharge destination according to the	
				he KHIIS Technical
			Manual File Layout	t.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
2	Alpha/Numeric	Left	Blank	95% where LOB=1
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	LOB	Reference:		
		See Table	Var. 11 Appendix B-4	
		details in file		
		layout		
T 4 TH 4 T/				
Intra Element Val		rences:		
No special characte			D 1 (1 D	4
Inter Element Val	idation:		Production Report	
			ad hoc Reports, Standard Reports  Modifications:	
				unahanaad fuam TMO
			to TM3.	unchanged from TM2
Data Source:	External Refere		10 11/13.	
	External Kelere	nce:		
UB92 fl 22, Code Table				
Comments:	1			
Discharge status is not required for payment by all companies and therefore is unevenly collected.				
Discharge status is not required for payment by an companies and mererore is unevenly confected.				

# RESZIP Summary File

Summary File				
Element	Descriptive	Field	<b>Definitions and References:</b>	
Number:	Name:	Name:	A fifteen digit field containing a five dig	
00012S	Resident Zip	RESZIP	zip code or nine digit extended zip code	
	Code		which the individua	ıl resides.
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
15	Alpha/Numeric	Left	Blank	95%
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	RESCOU	Reference:		
		Standard Zip	Var. 12 Appendix B-4	
		Code Table		
T.A. Til 4 X7. I	: 1. 4' 1 D . 6			
Intra Element Val				. 1.11
	•	Kansas oniy) no s	separator with trailing	
Inter Element Val	idation:		Production Repor	ts:
			ad hoc Reports  Modifications:	
	This field was 5 characters in TM2, 1 15 in TM3.		aracters in Twiz, but	
Data Source:	External Refere	200	13 111 11013.	
CMS-1500 fl 5d;	Laternal Kelere	nce.		
UB92 fl 13				
Comments:				
For insureds who have coverage in Kansas, but reside outside of the state no data is collected.				
Tof insureds who have coverage in rangus, but reside outside of the state no data is concered.				

# RESCOU Summary File

	T	I	T	- Summary Pile	
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	Two letter county code for the county in		
00013S	Resident County	RESCOU	which the individual resides.		
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
2	Alpha/Numeric	Left	Blank	95%	
	_				
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted		Reference:			
		Standard Zip	Var. 13 Appendix I	3-4	
		Code and			
		County Tables			
Intra Element Val	idation and Refer	ences:	1		
Kansas only county	codes.				
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
			ad hoc Reports		
			<b>Modifications:</b>		
			This field remained unchanged from TM2		
			to TM3.		
Data Source:	External Referen	nce:			
Populated by					
KDHE					
Comments:					
For insureds who have coverage in Kansas, but reside outside of the state no data is collected.					

# MBRSTS Summary File

				Summary File	
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	Designates the relationship of the person		
0007M14S	Individual	MBRSTS	for whom the claim is filed to the prim		
	Relationship		insured.		
	Code				
Field	<u> </u>				
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
2	Alpha/Numeric	Left	Blank	95%	
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:		
Restricted	MBRID	Reference:			
		Standard	Var. 14 Appendix I	3-4	
		Individual			
		Relationship			
		Table			
Intra Element Va	  lidation and Refer	ences:	<u>l</u>		
No special characte		checs.			
Inter Element Va	lidation:		Production Repor	ts:	
This secondary key	y must be identical	across		enefit Ratio Report,	
	ummary files. It mu			Premium to Cost Ratio Report, Mental	
	d years of data subm		Health Parity Report, Mental Health		
_	•		Trends Report, Major Medical Cost		
			Report, Pharmaceutical Cost Report		
			<b>Modifications:</b>		
			This field was 1 character in TM2, but 2		
				values were assigned	
			based on HIPAA st	andards.	
Data Source:	External Refere	nce:			
Insurer					
Comments:					

# TOTCHG

Summary File

		T	ı	Summary 1 ne	
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	This is the total charge amount for		
00015S	Total Charge	TOTCHG	services associated with the claim.		
Field					
Description:			Expected Value	Fill Rate Expected	
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
11.2	Numeric	Right	Null	100%	
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:		
Confidential	LNCHG,	Reference:			
	CLMNO		Var. 15 Appendix I	3-4	
Intra Element Val	lidation and Refer	ences:			
Positive or negative	e values are submit	ted in zoned deci	mal format. No spec	ial characters are	
allowed in this field	1.				
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
TOTCHG must be	greater than or equ	al to the	00008D		
corresponding ALI	CHG value for a re	egular payment.	<b>Modifications:</b>		
The sum of LNCH	G by claim numbe	r should equal	This field was 10.2	characters in TM2,	
TOTCHG in the su	mmary file for the	same claim	but 11.2 in TM3.		
number.	•				
Data Source:	External Refere	nce:			
CMS-1500 fl 28					
or UB92 fl 47					
Comments:					

# ALLCHG Summary File

Element	ent Descriptive Field Definitions and References:			
Number:	Name:	Name:	Covered dollar amount as determined by	
- 1	1 (662220)	1 10022200	the insurer associated with a claim.	
00016S	Allowed Charge	ALLCHG	the insurer associate	ed with a claim.
				T
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
11.2	Numeric	Right	Null	95%
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	LNALL,	Reference:		
	CLMNO,		Var. 16 Appendix B-4	
	TOTCHG,		11	
	PDCHG			
	Tene			
Intra Element Val	idation and Refer	ences:		
Positive or negative	e values are submit	ted in zoned deci	mal format. No spec	ial characters are
allowed in this field	i.			
Inter Element Val	idation:		<b>Production Repor</b>	ts:
TOTALL should ed	qual the sum of LN	ALL in the	00008D	
detail file for a give	en claim.		<b>Modifications:</b>	
			This field was 10.2 characters in TM2,	
but 11.2 in TM3.			,	
Data Source:	External Referen	nce:	<u> </u>	
Insurer				
Comments:	I			
	Capitation claims a	illowed charges r	nay not be available.	

# PDCHG Summary File

	Summary File				
Element	Descriptive	Field	<b>Definitions and References:</b>		
Number:	Name:	Name:	Amount actually paid by the insurer for		
00017S	Paid Charge	PDCHG	services associated with a claim.		
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
11.2	Numeric	Right	Null	95%	
Security Level:	Related Data:	Table	TM3 Reference:		
Confidential	LNPAID,	Reference:			
	CLMNO,		Var. 17 Appendix I	3-4	
	ALLCHG,				
	LNALL				
Intra Element Val	lidation and Refer	ences:			
Positive or negative	e values are submit	ted in zoned deci	mal format. No spec	cial characters are	
allowed in this field	d				
Inter Element Val	idation:		Production Repor	ts:	
PDCHG should equ	ual the sum of LNP	PAID in the		enefit Ratio Report,	
detail file			Premium to Cost R	atio Report	
			<b>Modifications:</b>		
			This field was 10.2 characters in TM2,		
	but 11.2 in TM3.				
Data Source:	External Refere	nce:			
Insurer					
Comments:					
For capitated services paid charges may not be available. Copays, coinsurance and deductibles are					
applied to allowed charges and may produce a zero payment.					

# DIAG1 Summary File

Element	Descriptive	Field	Definitions and Re	oforonooge
	Name:			
Number:	1 10122201	Name:	Primary ICD9 diagnosis code associated	
00018S	Primary	DIAG1	with the claim.	
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	95%
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:		
	·	Standard	Var. 18 Appendix I	3-4
		ICD9 Code		
		Table		
Intra Element Val	idation and Refer	ences:		
Decimal and specia	l characters are not	t allowed.		
Inter Element Val	idation:		<b>Production Repor</b>	ts:
Primary diagnosis p	olus pharmacy clair	ns frequency	ad hoc Reports, Sta	ndard Reports
where LOB=3 show	ld be equal to the t	otal number of	<b>Modifications:</b>	
claims in summary	table.		Field transferred fro	om the detail file in
			TM2 to summary in TM3.	
Data Source:	External Referen	nce:		
CMS-1500 fl 24E				
or UB92 fl 67				
Comments:				
Pharmaceutical claims may not have diagnosis codes available.				

## DIAG2 Summary File

Summary File				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	ICD9 diagnosis cod	le associated with the
00019S	Secondary	DIAG2	claim.	
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:		
		Standard	Var. 19 Appendix B-4	
		ICD9 Code		
		Table		
Intra Element Val	  idation and Dafan			
Decimal and specia				
Inter Element Val		t anowed.	Draduction Denor	ta.
inter Element vai	iuation.		<b>Production Repor</b> ad hoc Reports, Sta	
			Modifications:	iluaru Reports
			Field transferred from	om the detail file in
			TM2 to summary in	
Data Source:	External Referen	nce•	11012 to summary in	1 11113.
CMS-1500 fl 24E	External Refere	iic.		
or UB92 fl 68				
Comments:	I			
	codes are some tim	es not available.	'E' codes are found a	among the diagnosis
codes at any position				5 5

DIAG3 Summary File

Summary File				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	ICD9 diagnosis cod	le associated with the
00020S	Secondary	DIAG3	claim.	
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
	•			
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:		
	·	Standard	Var. 20 Appendix I	3-4
		ICD9 Code		
		Table		
Intra Element Val	idation and Refer	ences:		
Decimal and specia	l characters are no	t allowed.		
Inter Element Val	idation:		Production Repor	ts:
			ad hoc Reports, Sta	
			<b>Modifications:</b>	•
			Field transferred from the detail file in	
			TM2 to summary ir	n TM3.
Data Source:	External Referen	nce:	•	
CMS-1500 fl 24E				
or UB92 fl 69				
Comments:				
Multiple diagnosis	codes are some tim	es not available.	'E' codes are found a	among the diagnosis
codes at any position				

DIAG4 Summary File

Summary File				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	ICD9 diagnosis cod	le associated with the
00021S	Additional	DIAG4	claim.	
	Secondary			
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:		
		Standard	Var. 21 Appendix B-4	
		ICD9 Code	11	
		Table		
Intra Element Val	idation and Refer	ences:	l	
Decimal and specia				
Inter Element Val			Production Repor	ts:
			ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source:	External Referen	nce:	1	
CMS-1500 fl 24E	Laterna Refere			
or UB92 fl 70				
Comments:	1			
	codes are some tim	es not available.	'E' codes are found a	among the diagnosis
codes at any position				<i>J</i> · · · · · <i>J</i> · · · · · · <i>J</i> · · · · · · · · · · · · · · · · · · ·

DIAG5 Summary File

		•		Summary File
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	ICD9 diagnosis cod	le associated with the
00022S	Additional	DIAG5	claim.	
	Secondary			
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:		
		Standard	Var. 22 Appendix B-4	
		ICD9 Code		
		Table		
Intra Element Val	idation and Refer	ences:		
Decimal and specia	al characters are no	t allowed.		
Inter Element Val	idation:		Production Repor	ts:
			ad hoc Reports, Sta	ndard Reports
			<b>Modifications:</b>	•
			New to TM3	
Data Source:	External Refere	nce:		
CMS-1500 fl 24E				
or UB92 fl 71				
Comments:	•			
Multiple diagnosis	codes are some tim	es not available.	'E' codes are found a	among the diagnosis
codes at any position				5 0
, i a series and a				

DIAG6 Summary File

Summary File				
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	ICD9 diagnosis cod	le associated with the
00023S	Additional	DIAG6	claim.	
	Secondary			
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:		
		Standard	Var. 23 Appendix B-4	
		ICD9 Code		
		Table		
Intra Element Val	idation and Refer	ences:	•	
Decimal and specia	al characters are no	t allowed.		
Inter Element Val	idation:		Production Repor	ts:
			ad hoc Reports, Sta	
			<b>Modifications:</b>	•
			New to TM3	
Data Source:	External Refere	nce:		
CMS-1500 fl 24E				
or UB92 fl 72				
Comments:	•			
Multiple diagnosis	codes are some tim	nes not available.	'E' codes are found a	among the diagnosis
codes at any position				5 5
, i i i i i i i i i i i i i i i i i i i				

DIAG7 Summary File

Element	Descriptive Field Definitions and References:			
Number:	Name:	Name:		le associated with the
00024S	Additional	DIAG7	claim.	
000245	Secondary	Dirigi	Ciuiii.	
	Diagnosis Code			
Field	Diagnosis Code			
			Exposted Volus	Fill Data Evmantad
Description:	Data Truna	Tunatifi nation	Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification Left	for Missing Data Blank	(KHIIS Average)
6	Alpha/Numeric	Leit	Bialik	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:	TWIS Reference.	
Comidential	CLIVITIO, DIG	Standard	Var. 24 Appendix I	2 /
		ICD9 Code	var. 24 Appendix b-4	
		Table		
		Table		
Intra Element Vali	dation and Refer	ences:		
Decimal and special	l characters are not	t allowed.		
Inter Element Vali			<b>Production Repor</b>	ts:
			ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source:	External Referen	nce:		
UB92 fl 73				
Comments:				
Multiple diagnosis o	codes are some tim	es not available.	'E' codes are found a	among the diagnosis
codes at any position				

DIAG8 Summary File

Element	Descriptive Field Definitions and References:			
Number:	Name:	Name:		e associated with the
00025S	Additional	DIAG8	claim.	
000200	Secondary			
	Diagnosis Code			
Field	Diagnosis code			
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
<u>Lengur</u> 6	Alpha/Numeric	Left	Blank	(KIIIIS Average)
O	7 tipha/1 tumene	Lett	Diank	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:	TWIS Reference.	
Communication	CLIVITYO, DICO	Standard	Var. 25 Appendix F	R_1
		ICD9 Code	var. 23 Appendix B-4	
		Table		
		Table		
Intra Element Val	idation and Refer	ences.		
Decimal and specia				
Inter Element Vali			Production Report	ts:
			ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source:	External Referen	nce:	1.0.7 to 11/15	
UB92 fl 74	Zavernur recierer			_
Comments:				
Multiple diagnosis	codes are some tim	es not available.	'E' codes are found a	among the diagnosis
codes at any positio	n with the exception	on of primary dia	gnosis.	_

DIAG9 Summary File

				Builliary 1 lic
Element	Descriptive	Field	<b>Definitions and Re</b>	eferences:
Number:	Name:	Name:	ICD9 diagnosis code associated with the	
00026S	Additional	DIAG9	claim.	
	Secondary			
	Diagnosis Code			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	(IIIIII III III III
	Tipha Tumere	Lett	Dium	
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO, DRG	Reference:	TWIS Reference.	
Cominacinnai	CENT (O, DICO	Standard	Var. 26 Appendix I	R-4
		ICD9 Code	var. 20 Appendix B-4	
		Table		
		Table		
Intra Flament Va	⊥ lidation and Refer	on oog •		
	al characters are no			
Inter Element Va		t anowed.	Draduation Danor	ta.
inter Element va	nuation.		Production Reports:	
			ad hoc Reports, Standard Reports  Modifications:	
D + C	E ( ID 6		New to TM3	
Data Source:	External Refere	nce:		
UB92 fl 75				
Comments:				
			'E' codes are found a	among the diagnosis
codes at any positi	on with the exception	on of primary dia	ignosis.	

## PRCCDE1 Summary File

				Summary File
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Primary ICD9 proc	edure code associated
00027S	First ICD9	PRCCDE1	with the claim.	
	Procedure Code			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<b>Length</b>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	50%
Security Level:	Related Data:	Table	TM3 Reference:	<u> </u>
Confidential	CLMNO	Reference: Standard ICD9 Procedure Code Table	Var. 27 Appendix B-4	
	lidation and Refer			
Inter Element Va	al characters are no lidation:	t allowed.	<b>Production Repor</b>	ts:
			ad hoc Reports, Standard Reports	
			Modifications:	
			Field transferred from the detail file in	
			TM2 to summary in	n TM3
Data Source: UB92 fl 80	External Refere	nce:		
Comments:	•			
Are most common	ly available in hosp	ital claims. May	be found with outpat	ient hospital claims and
some professional	claims.			

## PRCCDE2 Summary File

				Sullillary File
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Secondary ICD9 pr	ocedure code
00028S	Secondary	PRCCDE2	associated with the	claim.
	ICD9 Procedure			
	Code			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
	1			
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO	Reference:		
		Standard	Var. 28 Appendix I	3-4
		ICD9	, un 20 ripponum i	
		Procedure		
		Code Table		
		2000 10010		
Intra Element Va	lidation and Refer	oncos.	ı	
Decimal and specia				
Inter Element Val		t anowed.	<b>Production Repor</b>	te•
inter Element val	iluation.		ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source:	External Refere		New to TMS	
UB92 fl 81	External Refere	nce:		
Comments:	سووط سنواطوانوريو	ital alaima Mary	ha farmd with antmat	iont boomital alaims and
	•	itai ciaims. May	be found with outpat	ient hospital claims and
some professional	ciaims.			

## PRCCDE3 Summary File

Summary File				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Additional seconda	ry ICD9 procedure
00029S	Additional	PRCCDE3	code associated wit	h the claim.
	secondary ICD9			
	Procedure Code			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	<u>,</u>
	F			
Security Level:	Related Data:	Table	TM3 Reference:	L
Confidential	CLMNO	Reference:	11/10/11/01/01/01	
	021/11/0	Standard	Var. 29 Appendix B-4	
		ICD9	var. 25 rippenara i	<i>-</i> 1
		Procedure		
		Code Table		
		Code Tuble		
Intra Element Va	lidation and Refer	oncos:		
Decimal and specia				
Inter Element Val		t anowed.	<b>Production Repor</b>	ta•
inter Element var	nuation.		ad hoc Reports, Standard Reports	
			Modifications:	ndard Reports
			New to TM3	
D-4- C	E-41 D-6		New to TMS	
Data Source:	External Refere	nce:		
UB92 fl 82				
Comments:			1 6 1 14	
	•	ital claims. May	be found with outpat	ient hospital claims and
some professional	claims.			

## PRCCDE4 Summary File

				Summary File
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	Additional seconda	ry ICD9 procedure
00030S	Additional	PRCCDE4	code associated wit	h the claim.
	secondary ICD9			
	Procedure Code			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
	•			
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	1
Confidential	CLMNO	Reference:		
		Standard	Var. 30 Appendix B-4	
		ICD9	rr.	
		Procedure		
		Code Table		
Intra Element Va	lidation and Refer	ences.		
Decimal and specia				
Inter Element Val		t anowea.	<b>Production Repor</b>	ts•
The Diement va	iliani il		ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source:	External Refere	nce.	11000 11010	
UB92 fl 83	Laternar Refere	nec.		
Comments:	•			
Are most commonl	ly available in hosp	ital claims. May	be found with outpat	ient hospital claims and
some professional	•	,	1	1
some professionar	ciaiiis.			

## PRCCDE5 Summary File

		•		Summary The
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Additional secondary ICD9 procedure	
00031S	Additional	PRCCDE5	code associated wit	h the claim.
	secondary ICD9			
	Procedure Code			
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
6	Alpha/Numeric	Left	Blank	
	1			
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	CLMNO	Reference:		
		Standard	Var. 31 Appendix I	3-4
		ICD9		
		Procedure		
		Code Table		
Intra Element Val	idation and Refer	ences:		
Decimal and specia				
Inter Element Val			<b>Production Repor</b>	ts:
			ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source:	External Refere	nce:		
UB92 fl 84				
Comments:	<u>'</u>			
Are most commonly	y available in hosp	ital claims. May	be found with outpati	ent hospital claims and
some professional c	claims.	•	•	•

DRG Summary File

Summary The				
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Medical classificati	on grouping patients
00032S	Diagnosis	DRG	based on diagnosis.	
	Related Group			
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
3	Alpha/Numeric	Left	Blank	95% where LOB=1
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	DIAG1-DIGA9,	Reference:		
	PATDOB,	Standard	Var. 32 Appendix B-4	
	PRCCDE1-PRC	DRG Code		
	CDE5,	Table		
	PATSEX			
Intra Element Val	idation and Refer	ences:		
No special characte	ers allowed.			
Inter Element Val	idation:		<b>Production Report</b>	ts:
LOB = 1			ad hoc Reports, Standard Reports	
			Modifications:	
			New to TM3	
Data Source: UB92 fl 78	External Reference:			
Comments:				
	DRG is available only for hospital claims. OHCI populates DRG where it is absent among			
hospital claims, provided appropriate supporting information is available.				

# CBENF Summary File

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	For multiple coverages, the insurer	
00033S	Coordination of	CBENF	indicates their insurer status of 1=Prim	
	Benefits		2=Secondary, 3=Ot	ther.
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
1	Alpha/Numeric	Left	Blank	95%
1	7 Hipha/Trumeric	Leit	Diank	7570
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential		Reference:		
			Var. 33 Appendix I	3-4
Intra Element Val		rences:		
No special characte			ı	
Inter Element Val	idation:		<b>Production Repor</b>	
			ad hoc Reports, Standard Reports	
			<b>Modifications:</b>	
	•		New to TM3	
Data Source:	External Referen	nce:		
Insurer				
Comments:				

Detail Files

# DETAIL FILE

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Defref	
elementno	desname	fieldname		
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
fieldlength	datatype	just	expectval	fillrate
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:	
security	relateddata	Reference:		
		tableref1	tm3ref1	
		tableref2	tm3ref2	
		tableref3	tm3eref3	
Intra Element Va	 lidation and Refer	rences:		
Inter Element Val	lidation:		<b>Production Repor</b>	ts:
inter			production	
			<b>Modifications:</b>	
			modifications	
Data Source:	External Refere	nce:		
datasource	externalref			
<b>Comments:</b>				
comment				

8/18/05				DETAIL FILE
Element Number: 00008D	Name: Provider Type Code	Field Name: PRVTYP		r as either a health care on the CMS-1500 or
Field Description: Length 1	<u>Data Type</u> Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 100% where PRVNUM is filled.
Security Level: Restricted	Related Data: PRVNUM, APPROV, APPTYP, REVCDE, REVMOD	Table Reference:	TM3 Reference: Var. 8 Appendix B-	-5
CMS-1500 PRVT	Intra Element Validation and References:  CMS-1500 PRVTYP = 1. Allowed values are 1 or 2 and blank. Blanks are allowed if information is not available.			
Inter Element Validation: PRVTYP = 1 for CMS-1500, PRVTYP = 2 for UB92.		Production Reports: Standard Benefit Ratio Report Modifications: This field remained unchanged from TM2 and TM3.		
Data Source: CMS-1500 or UB92. Comments:	External Referen			
May be blank for Dental, Pharmaceutical and Capitated services.				

8/18/03	1	1	1	DETAIL FILE
Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Provider numbers a	re either the federal
00009D	Provider	PRVNUM	provider identificat	ion number, UPIN or a
	Number		number assigned by	
	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, <sub>F</sub> ,
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
12	Alpha/Numeric	Left	Blank	100% where
	•			PRVTYP = 1  or  2
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	PRVTYP,	Reference:		
	APPROV,		Var. 9 Appendix B-	-5
	APPTYP,		11	
	REVCDE.			
	REVMOD			
	RE VINOD			
Intra Element Val	idation and Refer	ences:		
No special characte	ers are allowed. Bla	ank spaces are all	lowed if information	is not available.
Inter Element Val	idation:		<b>Production Repor</b>	ts:
If $PRVTYP = 1$ , $PF$	RVNUM may conta	ain a provider	None	
number assigned b			<b>Modifications:</b>	
PRVTYP = 2, $PRV$			This field was 10 characters in TM2, but	
provider id number			12 in TM3.	
1				
Data Source:	External Referen	nce:		
CMS-1500 fl 17A	Federal provider	id number table,	UPIN table, or insure	ers assignment table.
or UB92 fl 51.				
Comments:				
The provider number may be encrypted for privacy reasons unless it is a Federal provider id				
number. PRVTYP	number. PRVTYP is not standardized among insurers.			
<u> </u>				

Element Number:	Descriptive Name:	Field Name:	<b>Definitions and Re</b> A zip code for the o	eferences: office, clinic or facility
00010D	Provider Location	PRVLOC	in which services at	
Field	Location			
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
15	Alpha/Numeric	Left	Blank	90%
13	Aipha/Numeric	Leit	Diank	7070
Security Level: Restricted	Related Data:	Table Reference:	TM3 Reference:	
		Zip Code	Var. 10 Appendix I	3-5
		Table		
Intra Element Val				
			xtended zip code (lef	t justified with no
separator and trailing		a valid zip code		
Inter Element Val	idation:		Production Reports:	
			None	
			Modifications:	
			This field was 5 characters in TM2, but	
<b>5</b> . d	I =		15 in TM3.	
Data Source:	External Referen	nce:		
CMS-1500 fl 33				
or UB92 fl 1.				
	Comments:			
Out of state zip cod	les are acceptable.			

8/18/05	8/18/05 DETAIL FILE			
Element Number: 00011D	Descriptive Name: Provider Specialty	Field Name: PRVSPC	Definitions and Re This is the specialty professional provid specific claim item.	of the health care ing services for a
Field Description: Length 3	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 80%
Security Level: Restricted	Related Data: PRVTYP	Table Reference: Appendix F: Code Tables 1A-1D for specialty coding	TM3 Reference: Var. 11 Appendix I	3-5
Intra Element Val			1	
Alpha numeric, no	•	allowed.	In 1 (1 n	
Inter Element Validation: If APPTYP = 1 or 2, then PRVSPC may be populated.		Production Reports Standard Reports Modifications: This field remained to TM3.	unchanged from TM2	
Data Source: External Reference:				
Comments: This field may be replaced by Taxonomy Codes when implemented by HIPAA.				

Element	Descriptive	Field	Definitions and Re	oforoncos:
Number:	Name:	Name:		
- 10222200 0 2 1	- 100	TAX	This is the specialty of the health care professional providing services for a	
00012D	Taxonomy Code	IAA		
			specific claim item.	
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
10	Alpha/Numeric	Left	Blank	NA
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	APPTYP,	Reference:		
	PRVSPC	Appendix F:	Var. 12 Appendix I	3-5
		Code Table 2	· ····	
		for taxonomy		
		coding		
		coung		
Intra Element Val	 			
				T-1-1- 0
		n the codes in A	ppendix F, the Code	
Inter Element Val	idation:		Production Reports:	
			None	
		Modifications:		
			This is a new code	added in TM3.
Data Source:	External Referen	nce:		
Insurer	This coding is contingent on HIPAA implementation.			
Comments:	-		-	
Awaiting HIPAA implementation. Taxonomy codes are unavailable for a number of insurers.				
Twaiting 1111 777 implementation. Taxonomy codes are unavanable for a number of insurers.				

0/10/03				DETAILTIEL
Element	Descriptive	Field	<b>Definitions and Re</b>	eferences:
Number:	Name:	Name:	This is a distinguishing sequential record	
00013D	Increment/Line	LINENO	number applicable t	to a claim.
	Item Number			
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	Justification	for Missing Data	(KHIIS Average)
3	Numeric	Right	Blank	100%
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	CLMNO	Reference:		
			Var. 13 Appendix E	3-5
			11	
Intra Element Val	idation and Refer	ences:	•	
Value of data eleme	ent not to exceed 99	99.		
Inter Element Val	idation:		Production Report	ts:
			•	
			<b>Modifications:</b>	
			This field remained unchanged from TM2	
			and TM3.	C
Data Source:	External Referen	nce:		
Insurer				
Comments:				

Element	Descriptive	Field	Definitions and Re	eferences:
Number:	Name:	Name:	Code for service pro	
00014D	Revenue/Proced	REVCDE		
	ure Code			
Field				
Description:			Expected Value	Fill Rate Expected
Length	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
15	Alpha/Numeric	Left	Blank	70%
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	REVMOD	Reference:		
		CPT, KS	Var. 14 Appendix I	3-5
		UB92		
		Revenue		
		Codes,		
		HCPCS,		
		NDC, CDT		
		Code Tables		

### **Intra Element Validation and References:**

CPT CODE: 5 char alpha numeric, may have multiple 2 char alpha numeric modifiers.

REV CODE: 3 or 4 char alpha numeric.

HCPCS CODE: 5 char alpha numeric, first char alpha, remaining char alpha numeric, may have multiple 2 char alpha numeric modifiers.

NDC CODE: 11 char alpha numeric.

CDT CODES: 5 char alpha numeric, codes begin with >D=, may have a 2 char alpha numeric modifier.

Inter Element Validation:	Production Reports:
If CPT, then $REVMOD = 1$ .	ad hoc Reports, Standard Reports
If Revenue Code, then $REVMOD = 2$ .	<b>Modifications:</b>
If HCPCS, then $REVMOD = 3$ .	CPT, HCPCS, NDC Code format
If NDC, then $REVMOD = 4$ .	remained unchanged from TM2 to TM3.
If CDT, then REVMOD = $5$ .	REVENUE and CDT CODES changed.
	Revenue Code format changed from char
	3 to char 4 from TM2 to TM3. CDT
	(Dental) codes are categorically coded as
	5 in the Revenue Modifier field in TM3.
	Dental codes were coded as 3 (HCPCS) in
	TM2.

Data Source:	External Reference:
CPT CMS-1500 fl	CPT CODE: CPT Code Book, (Ingenix/Medicode).
24D; REVCDE	REV CODE: REVCDE list, (UB-92 Kansas State Uniform Billing
UB92 fl 42;	Manual).
HCPCS or CDT	HCPCS CODE: HCPCS Tabular list, (HCPCS Level II Code Book,
UB92 fl 42 or	published by Ingenix/Medicode).
CMS-1500 fl	NDC CODE: Multum Lexicon table for NDC Codes,
24D.	(http://www.multum.com/Lexicon.htm).
	CDT CODES: HCPCS Codes list, (HCPCS Level II Code Book,
	Ingenix/Medicode).

## **Comments:**

Revenue codes are associated with PRVTYP = 2 (Institutional). CPT, HCPCS and CDT codes are associated mainly with professional claims where PRVTYP = 1 (Professional). However, some institutional procedure claims may be submitted using CPT codes.

Element Number: 00015D	Descriptive Name: Revenue/Proced ure Modifier	Field Name: REVMOD	<b>Definitions and References:</b> This identifies the type of Revenue/Procedure Code included in the claim detail record.	
Field Description: Length 1	Data Type Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) 70%
Security Level: Restricted	Related Data: REVCDE	Table Reference:	TM3 Reference:  Var. 15 Appendix B-5	

## **Intra Element Validation and References:**

Alpha or special codes are not allowed, valid values are 1, 2, 3, 4, 5 and blank where data is not available.

Inter Element Validation:	Production Reports:
If $REVMOD = 1$ , then $REVCDE$ is $CPT4$	ad hoc Reports, Standard Reports
If REVMOD = 2, then REVCDE is Revenue Code	Modifications:
If $REVMOD = 3$ , then $REVCDE$ is $HCPCS$	REVMOD = 5 is a new category in TM3
If $REVMOD = 4$ , then $REVCDE$ is $NDC$	and was not included in TM2.
If REVMOD = 5, then REVCDE is CDT	

Data Source:	<b>External Reference:</b>
Insurer	

### **Comments:**

Revenue/Procedure Modifier is used as an identifier for the Revenue/Procedure code and differs from the CPT and HCPCS modifier.

Element	Descriptive	Field	Definitions and Re	oforonoos:
Number:	Name:	Name:		
_ , , , , , , , , , , , , , , , , , , ,	- 100	- 100	This actual date the service was provide	
00016D	Service Date	SERDTE		
Field				
Description:			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)
8	CCYYMMDD	Right	NA	100%
Security Level:	Related Data:	Table	TM3 Reference:	
Restricted	RPSDTE,	Reference:		
11051111010	RPEDTE		Var. 16 Appendix I	3-5
	IN ED IE		var. 10 rippendin i	
Intra Element Val	  idation and Dafar	l and a second		
inti a Element vai	nuation and Kelei	ences.		
Inter Element Val	idation:		<b>Production Repor</b>	te•
Service date should		oligibility	ad hoc Reports, Sta	
			Modifications:	ndard Reports
period starting date				1 16 70 40
eligibility period er		E) in the	This field remained unchanged from TM	
Membership table.			and TM3.	
Data Carres	E-41 D-6			
Data Source:	External Refere	nce:		
CMS-1500 fl 24A				
or UB92 fl 45.				
Comments:				

8/18/05	8/18/05 DETAIL FILE					
Element	Descriptive	Field	<b>Definitions and References:</b>			
Number:	Name:	Name:	Place where services were provided.			
00017D	Place of Service	SERPLC				
Field						
Description:			Expected Value	Fill Rate Expected		
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)		
2	Alpha/Numeric	Left	Blank	95%		
Security Level:	Related Data:	Table	TM3 Reference:			
Restricted	APPTYP	Reference:	Tivio iterorence.			
110511111111		Appendix F:	Var. 17 Appendix I	3-5		
		Code Table 3.				
Intra Element Val	lidation and Refer	rences:				
Inter Element Val	idation:		<b>Production Repor</b>	ts:		
Place of service ma	y not be populated	for	ad hoc Reports, Sta	ndard Reports		
pharmaceutical clai	ims.		<b>Modifications:</b>			
			This field remained	unchanged from TM2		
				codes are now located		
			Appendix F: Code			
	1		Code Table 2 in TM	<i>I</i> 12.		
Data Source:	External Referen	nce:				
CMS-1500 fl 24B						
or UB92 fl 4.						
Comments:						
I				l de la companya de		

insurers.

8/18/05	8/18/05 DETAIL FILE				
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	This is a measure of the amount of service		
00018D	Units of Service	SERUNT	that is provided to a patient. Hospital		
				the quantity of pills (or	
				ed for medications, and	
			* * *	ts for other services are	
			reported here.		
Field					
Description:			Expected Value	Fill Rate Expected	
Length	Data Type	Justification	for Missing Data	(KHIIS Average)	
7.2	Numeric	Right	Null	90%	
		8			
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:		
Restricted	SERTYP	Reference:			
			Var. 18 Appendix I	3-5	
T. A. Till A N. I					
Intra Element Val		ences:			
No special characte			D J 4: D	4	
inter Element vai	idation:		Production Repor	ts:	
			Modifications:		
				ength in TM2, but 7.2	
			length in TM3.	engui in 11viz, but 7.2	
Data Source:	External Refere	nce·	iengui ii Twis.		
CMS-1500 fl 24G	External Refere	ncc.			
or UB92 fl 46.					
Comments:	I.				
Data collections are	e unstandardized at	this time due to	limitations in bill pay	ment systems among	
F.,					

0/10/03	8/18/05 DETAIL FILE					
Element	Descriptive	Field	<b>Definitions and References:</b>			
Number:	Name:	Name:	Identifies the Units of Service.			
00019D	Type of Unit of	SERTYP				
	Service					
Field						
<b>Description:</b>			Expected Value	Fill Rate Expected		
Length	Data Type	Justification	for Missing Data	(KHIIS Average)		
2	Alpha/Numeric	Left	Blank	95%		
	_					
<b>Security Level:</b>	Related Data:	Table	TM3 Reference:			
Restricted	SERUNT	Reference:				
			Var. 19 Appendix I	3-5		
Intra Element Val						
	=minutes; 2=hours	; 3=days; 4=quai	ntity. Blanks are acco	eptable where data is		
not available.			T			
Inter Element Val			Production Repor	ts:		
Where REVMOD =			None			
REVCDE ranges fr	rom 250 to 259. SE	ERTYP = 4	<b>Modifications:</b>			
quantity (pharmacy	·).		This field was 1 cha	aracter in TM2, but 2		
			characters in TM3.			
Data Source:	External Referen	nce:				
CMS-1500 fl 24C	S-1500 fl 24C					
or UB92 fl 46.	or UB92 fl 46.					
Comments:						
Categorical identifications are limited since data collections are unstandardized at this time.						
Limitations in bill payment systems among insurers produce uneven population of this variable.						

8/18/05				DETAIL FILE	
Element Number: 00020D	<b>Descriptive Name:</b> Therapeutic Class Code	Field Name: THRCLS	Definitions and References: Used only for claim line items that are prescription medications to identify the class or type of drug. This will be assigned by KDHE from a Standard Reference Table.		
Field Description: Length 7	<u>Data Type</u> Alpha/Numeric	<u>Justification</u> Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) NA	
Security Level: Restricted	Related Data: REVCDE, REVMOD	Table Reference:	TM3 Reference: Var. 20 Appendix B-5		
Intra Element Val Data field is left bla reference table.			field is populated by	OHCI from a standard	
Inter Element Validation:  REVCDE must be an NDC Code and REVMOD = 4  REVMOD = 4  Modifications: This field remained unchanged from TM2 and TM3.					
Data Source: Multum Lexicon Table	External Referen	nce:			
Comments: THRCLS can be identical for different active ingredients.					

8/18/05			1	DETAIL FILE	
Element Number: 00021D	Descriptive Name: Brand Name Indicator	Field Name: BRNDNM	Definitions and References: Used only for claim line items that are prescription medications to denote whether the product is either a name brand or a generic medication. This will be assigned by KDHE from a Standard Reference Table.		
Field Description: Length 1	<u>Data Type</u> Alpha/Numeric	Justification Left	Expected Value for Missing Data Blank	Fill Rate Expected (KHIIS Average) NA	
Security Level: Restricted	Related Data: REVCDE	Table Reference:	TM3 Reference:  Var. 21 Appendix B-5		
Intra Element Val Data field is left bla reference table.			ld is populated by OI	HCI from a standard	
Inter Element Validation:  REVCDE must be an NDC Code and REVMOD = 4  REVMOD = 4  Production Reports:  ad hoc Reports  Modifications:  This field remained unchanged from TM and TM3.					
Data Source: Multum Lexicon Table	External Referen	nce:			
Comments: Brand name and ge	neric designations	may change betw	veen years.		

8/18/05	8/18/05 DETAIL FILE					
Element Number: 00022D	Descriptive Name: Claim Action Type	Field Name: CLMTYP	Definitions and References: Indicates whether action on the claim is positive adjustment, negative adjustment regular payment, or zero payment.			
Field Description: Length 2  Security Level: Restricted	Data Type Alpha/Numeric  Related Data: LNPAID	Justification Left  Table Reference:	Expected Value for Missing Data Blank  TM3 Reference:  Var. 22 Appendix I	Fill Rate Expected (KHIIS Average) 75%		
	lidation and Refer are PA, NA, RP, Z lidation:		Production Repor	ts:		
If CLMTYP = PA, the LNPAID value must be positive If CLMTYP = NA, the LNPAID value must be negative If CLMTYP = RP, the LNPAID value must be positive If CLMTYP = ZP, the LNPAID value must be zero.			None Modifications: This field was intro not available in TM	duced in TM3 and was 12.		
Data Source: Insurer	External Refere	nce:				
Comments: May be blank when	re partially denied o	claims are submi	tted.			

UB92 Field 47. **Comments:** 

Partial denied claims may be included in the detail file.

8/18/05 DETAIL FI				
Element	Descriptive	Field	Definitions and Re	
Number:	Name:	Name:	The amount billed for the service.	
00023D	Line Item	LNCHG		
	Charge			
Field				
<b>Description:</b>			Expected Value	Fill Rate Expected
<u>Length</u>	Data Type	Justification	for Missing Data	(KHIIS Average)
11.2	Numeric	Right	Null	95%
Security Level:	Related Data:	Table	TM3 Reference:	
Confidential	LNPAID,	Reference:		
	LNALL,		Var. 23 Appendix I	3-5
	CLMTYP,		11	
	TOTCHG			
	101111			
Intra Element Va	lidation and Refer	ences:	<u>.</u>	
Positive or negative	e values are submit	ted in zoned deci	mal format. No speci	ial characters are
	d. Zero is acceptab			
Inter Element Val			<b>Production Repor</b>	ts:
LNCHG must be g	reater than or equal	l to the	ad hoc Reports, Standard Reports	
	ALL value for a reg		Modifications:	
	The sum of LNCH		This field was 8.2 numeric in TM2, but	
number should equal TOTCHG in the summary file		11.2 in TM3.		
for the same claim number.				
Data Source:	External Refere	nce:		
CMS-1500 24F				

8/18/05 DETAIL 1					
Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The eligible amount for the service in the		
00024D	Line Item	LNALL	insurance company	contract.	
	Allowed				
Field					
Description:			Expected Value	Fill Rate Expected	
Length	Data Type	Justification	for Missing Data	(KHIIS Average)	
11.2	Numeric	Right	Null	70%	
Security Level:	Related Data:	Table	TM3 Reference:		
Confidential	LNCHG,	Reference:			
	LNPAID,		Var. 24 Appendix B-5		
	CLMTYP,				
	ALLCHG				
Intra Element Validation and References:					
		ted in zoned deci	mal format. No speci	ial characters are	
allowed in this field			T		
Inter Element Val			Production Repor		
LNALL must be le			ad hoc Reports, Standard Reports		
corresponding LNCHG and greater than or equal to			Modifications:		
LNPAID for a regular payment. ( $CLMTYP = RP$ ).			This field was 8.2 numeric in TM2, but		
The sum of LNALL by claim number should equal			11.2 in TM3.		
ALLCHG in the summary file for the same claim					
number.					
Data Source:	<b>External Refere</b>	nce:			
Insurer					
Comments:					

Partial denied claims may be included in the detail file.

8/18/05 BETAILTIEL							
Element Number:	Descriptive Name:	Field Name:	Definitions and Re				
- 1 - 1 - 1 - 1	- 100	1 10022200	This is the amount actually paid by the				
00025D	Line Item Paid	LNPAID	company for the ser	rvice.			
Field							
Description:			Expected Value	Fill Rate Expected			
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)			
11.2	Numeric	Right	Null	60%			
Security Level:	Related Data:	Table	TM3 Reference:				
Confidential	LNCHG,	Reference:					
	LNALL,		Var. 25 Appendix I	3-5			
	CLMTYP,						
	PDCHG						
Intra Element Val	Intra Element Validation and References:						
Positive or negative	e values are submit	ted in zoned deci	mal format. No speci	ial characters are			
allowed in this field							
Inter Element Val	idation:		Production Repor	ts:			
LNPAID must be le	ess than or equal to	the		enefit Ratio Report,			
	corresponding LNCHG and LNALL for a regular		Premium to Cost Ratio Report				
payment. (CLMTYP = RP). The sum of LNPAID by			Modifications:				
claim number should equal PDCHG in the summary		This field was 8.2 numeric in TM2, but					
file for the same claim number.		11.2 in TM3.					
Data Source:	External Refere	nce:					
Insurer							
Comments:							

Partial denied claims may be included in the detail file.

8/18/05 DETAIL FILE					
Element Number:	Descriptive Name:	Field Name:	<b>Definitions and Re</b> The date the claim		
00026D	Date Paid	DTPAID	The date the claim was paid, the amount was applied to the deductible or other accounting process to close this line item.		
Field					
<b>Description:</b>			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
8	CCYYMMDD	Right	Null	95%	
Security Level:	Related Data:	Table	TM3 Reference:		
Restricted	LNPAID,	Reference:			
	PDDTE,		Var. 26 Appendix B-5		
	REPDTE,				
	RPSDTE				
Intra Element Validation and References:					
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
DTPAID should eq	ual PDDTE.		ad hoc Reports, Sta		
			<b>Modifications:</b>	•	
This field remained unchang			unchanged from TM2		
	to TM3.				
Data Source:	External Referen	nce:			
Insurer					
Comments:					
DTPAID may have values beyond the eligibility period end date for the primary insured due to					
processing and adjudication turnaround.					

	0/10/05						
Element	Descriptive Field Definitions and References:						
Number:	Name:	Name:	Indicates whether this service is covered				
00027D	Capitation	CAPITN	by a capitation agre	eement.			
	Indicator						
Field							
Description:			Expected Value	Fill Rate Expected			
Length	Data Type	Justification	for Missing Data	(KHIIS Average)			
1	Alpha/Numeric	Left	-	100%			
Security Level:	Related Data:	Table	TM3 Reference:				
Restricted	LNPAID,	Reference:					
	PDCHG		Var. 27 Appendix B-5				
Intra Element Validation and References:							
Allowed values are	AY@ and AN@ o	only.					
Inter Element Val	idation:	•	<b>Production Repor</b>	ts:			
			_				
<b>Modifications:</b>							
			This field remained unchanged from TM2				
			to TM3.	-			
Data Source:	External Referen	nce:					
Insurer							
Comments:							
Plan dependent.							

Descriptive Name: Attending/Prescribing Provider ID Number: Attending/Prescribing Provider ID Number.				
Attending/Presc ribing Provider  Field Description: Length 12  Brate Type Alpha/Numeric  Length 12  Related Data: PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP  Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  External Reference:  CMS-1500 fil 31 or UB92 fil 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or  APPROV is populated.  APPROV is populated.  APPROV is populated.  External Reference: UPIN Table or insurer assignment table.  APPROV is populated.  APPROV is populated.  External Reference: UPIN Table or insurer assignment table.				
Attending/Presc ribing Provider  Field Description: Length 12  Related Data: PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Expected Value for Missing Data Blank  Fill Rate Expected (KHIIS Average) Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  External Reference:  CMS-1500 fil 31 or UB92 fil 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Field Description: Length 12    Data Type   Alpha/Numeric   Left   Data Type   Alpha/Numeric   Left   Data Type   Data Data   Data Data   Data Data   Data Data				
Description: Length   Data Type   Alpha/Numeric   Left   Data Type   Alpha/Numeric   Left   Data Type   Alpha/Numeric   Left   Data Type   Alpha/Numeric   Left   Data Type   Blank   Data Expected (KHIIS Average)   NA				
Length   12				
Data Type   Alpha/Numeric   Left   Blank   (KHIIS Average)   NA				
Security Level: Confidential  Related Data: PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP  Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports: Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Security Level: Confidential  Related Data: PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP  Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Confidential PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP  Intra Element Validation and References:  No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation:  If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports:  ad hoc Reports  Modifications:  This field was 10 characters in TM2, but 12 in TM3.  Data Source:  CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Confidential PRVTYP, PRVNUM, REVCDE, REVMOD, APPTYP  Intra Element Validation and References:  No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
REVCDE, REVMOD, APPTYP  Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Intra Element Validation and References: No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation: If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation:  If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports:     ad hoc Reports  Modifications:     This field was 10 characters in TM2, but 12 in TM3.  Data Source:  CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
No special characters are allowed. Blanks are allowed if information is not available.  Inter Element Validation:  If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Production Reports: ad hoc Reports  Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source:  CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Inter Element Validation:  If APPROV is populated, APPTYP should be equal to 1, 2 or 3.  Data Source:  CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or  Production Reports: ad hoc Reports  Modifications: This field was 10 characters in TM2, but 12 in TM3.  External Reference: UPIN Table or insurer assignment table.				
If APPROV is populated, APPTYP should be equal to 1, 2 or 3.    Modifications: This field was 10 characters in TM2, but 12 in TM3.    Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or   External Reference: UPIN Table or insurer assignment table.				
to 1, 2 or 3.  Modifications: This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or  Modifications: This field was 10 characters in TM2, but 12 in TM3.				
This field was 10 characters in TM2, but 12 in TM3.  Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or  This field was 10 characters in TM2, but 12 in TM3.  External Reference: UPIN Table or insurer assignment table.				
Data Source: CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
Data Source:  CMS-1500 fl 31  or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
CMS-1500 fl 31 or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
or UB92 fl 82 for APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
APPTYP = 1, or 83 if APPTYP = 2 insurer, or				
83 if APPTYP = 2 insurer, or				
2 insurer, or				
′				
A DOWN ID. A.				
APPTYP=3 is				
NCPDP or similar				
billing format.				
Comments:				
The attending/prescribing provider number (UPIN) may be encrypted for privacy reasons. This				
field is inconsistently populated among insures.				

Number: Ombour Attending/ Prescribing Provider Classification  Field Description: Length I Data Type Alpha/Numeric  Restricted PRVTYP, PRVNUM, APPROV, REVODE, REVMOD, REVODE Inter Element Validation and References: Provider Type 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD = 4 or REVCDE contains an 11 digit code.    Name: Attending/ Prescribing Physician when fl 17A = 3ton or REVCDE contains an 11 digit code.    Name: Attending/ Prescribing Physician when fl 17A is <> to 31 on the CMS-1500 or 18 3 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD = 4 or REVCDE contains an 11 digit code.    Expected Value for Missing Data (KHIIS Average)   Fill Rate Expected (KHIIS Average)   Fill Rate Expected (KHIIS Average)   Sequence: Var. 29 Appendix B-5   Var. 29 Appendix B-5   Var. 29 Appendix B-5   Production Reports: ad hoc Reports; ad hoc Reports; Standard Reports   Modifications: This field remained unchanged from TM2 to TM3.	8/18/05 DETAIL FILE						
Number:	Element	Descriptive	Field	Definitions and Re	eferences:		
Prescribing Provider Classification  Field Description: Length 1 Data Type Alpha/Numeric Left Data: Blank Provider (KHIIS Average) PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  Intra Element Validation and Reference: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or if 83 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  External Reference:  External Reference:  Comments:	Number:		Name:	Used to indicate the role of the provider i			
Field Description: Length I Related Data: Restricted  Related Data: PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  External Reference:  External Reference:    Fill Rate Expected (KHIIS Average)	00029D	Attending/	APPTYP	the care process.			
Classification   Data Type   Length   Data Type   I Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.   Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.   Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.   Data Source: Comments:   Data Sourc		Prescribing		_			
Field Description: Length 1 Data Type Alpha/Numeric Left Blank Fill Rate Expected (KHIIS Average) 95%  Security Level: Restricted PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  External Reference:  External Reference:  External Reference:  Comments:							
Description: Length   Data Type   Alpha/Numeric   Length   Security Level: Restricted   PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,   Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or if 83 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD = 4 or REVCDE contains an 11 digit code.   External Reference:   Security Level: Related Data: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or if 83 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD = 4 or REVCDE contains an 11 digit code.   External Reference:   External R		Classification					
Length   Data Type   Alpha/Numeric   Left   Blank   Gr Missing Data   Blank   95%	Field						
Alpha/Numeric Left Blank 95%  Security Level: Restricted PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD = 4 or REVCDE contains an 11 digit code.  External Reference:  External Reference:  Comments:	Description:			Expected Value	Fill Rate Expected		
Security Level: Restricted  Related Data: PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD = 4 or REVCDE contains an 11 digit code.  External Reference:  External Reference:  TM3 Reference:  Var. 29 Appendix B-5  Production Reports: ad hoc Reports, Standard Reports Modifications: This field remained unchanged from TM2 to TM3.	<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)		
Restricted  PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  References:  Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYPP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  External Reference:  CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:	1	Alpha/Numeric	Left	Blank	95%		
Restricted  PRVTYP, PRVNUM, APPROV, REVCDE, REVMOD,  References:  Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYPP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  External Reference:  CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:							
PRVNUM, APPROV, REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:  Var. 29 Appendix B-5	Security Level:	Related Data:	Table	TM3 Reference:			
APPROV, REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  External Reference:	Restricted	PRVTYP,	Reference:				
REVCDE, REVMOD,  Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  External Reference:  External Reference:  Comments:		PRVNUM,		Var. 29 Appendix I	3-5		
Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:		APPROV,					
Intra Element Validation and References: Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:		REVCDE,					
Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:		REVMOD,					
Allowed values are 1, 2, 3 and blank. Blanks are allowed where information is not available.  Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:							
Inter Element Validation: Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:		Intra Element Validation and References:					
Provider Type = 1 (Professional), valid responses include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:	Allowed values are	1, 2, 3 and blank.	Blanks are allow	ed where information	n is not available.		
include: 1=Attending Physician when fl 17A = 31 on CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:  Modifications:  This field remained unchanged from TM2 to TM3.	Inter Element Validation:			<b>Production Repor</b>	ts:		
CMS-1500 or 82 is populated on the UB92; APPTYP (Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:	Provider Type = 1 (Professional), valid responses			ad hoc Reports, Sta	ndard Reports		
(Prescribing Physician) = 2 when fl 17A is <> to 31 on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:				<b>Modifications:</b>			
on the CMS-1500 or if 83 is populated on the UB92; APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:				This field remained	unchanged from TM2		
APPTYP = 3 (Pharmacy) when REVMOD =4 or REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:				to TM3.			
REVCDE contains an 11 digit code.  Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:							
Data Source: CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:							
CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:	REVCDE contains an 11 digit code.						
CMS-1500, UB92 or NCPCP claims or similar billing format.  Comments:							
or NCPCP claims or similar billing format.  Comments:	Data Source:	External Referen	nce:				
or similar billing format.  Comments:	CMS-1500, UB92						
format.  Comments:							
Comments:	or similar billing						
	format.						
This field is inconsistently populated among insures.							
	This field is incons	istently populated a	among insures.				

Element	Descriptive	Field	Definitions and Re	eferences:	
Number:	Name:	Name:	The dollar amount incurred for a specific		
00030D	Deductible	DEDUCT	service applied to the		
			according to the pla	an provisions.	
Field					
Description:			Expected Value	Fill Rate Expected	
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)	
11.2	Numeric	Right	Null	NA	
Security Level:	Related Data:	Table	TM3 Reference:		
Confidential	LNPAID,	Reference:		. <i>-</i>	
	PDCHG,		Var. 30 Appendix B-5		
	LNALL,				
	ALLCHG				
Intra Element Val	idation and Refer	ences:			
Positive or negative	e values are submit	ted in zoned deci	mal format. No spec	ial characters are	
allowed in this field			•		
Inter Element Val	idation:		<b>Production Repor</b>	ts:	
			ad hoc Reports, Standard Reports		
			<b>Modifications:</b>		
			This field was 9.2 numeric in TM2, but		
			11.2 in TM3.		
Data Source:	External Refere	nce:			
Insurer					
Comments:					
Plan dependent.					

6/16/03			I	DETRIETIEE
Element Number: 00031D	<b>Descriptive Name:</b> Coinsurance	Field Name: COINS	Definitions and References: This is the amount an individual is responsible for in addition to meeting their deductible requirements as specified in their policy. This is often a percentage of the charges (total or allowed depending on the type of plan).	
Field Description: Length 11.2	<u>Data Type</u> Numeric	Justification Right	Expected Value for Missing Data Null	Fill Rate Expected (KHIIS Average) NA
Security Level: Confidential	Related Data: LNPAID, PDCHG, LNALL, ALLCHG	Table Reference:	TM3 Reference:  Var. 31 Appendix B-5	

### **Intra Element Validation and References:**

Positive or negative values are submitted in zoned decimal format. No special characters are allowed in this field.

Inter	Eleme	nt Val	idation:

COINSF, COINSP, COINSO, COINSC, DGCOIGF, DGCOIGN, DGCOIBN, DGCOIBF, DGCOIO, DNCOP, DNCOPA, DNCOPB, DNCOPC, DNCOPD

## **Production Reports:**

ad hoc Reports, Standard Reports

#### **Modifications:**

This field was 9.2 numeric in TM2, but 11.2 in TM3.

Data Source:	External Reference:	
Insurer		

### **Comments:**

Plan dependent. In TM2 Co-Insurance and Co-Pay were reported in the same field and thus were indistinguishable. These items were separated with the implementation of TM3 effective January 1, 2003.

DETAIL FILE						
Element	Descriptive	Field	Definitions and Re			
Number:	Name:	Name:		ined fee for which an		
00032D	Copay	COPAY		sible for each of the		
				his is generally a flat		
			fee per service.			
Field						
<b>Description:</b>			Expected Value	Fill Rate Expected		
<u>Length</u>	Data Type	<u>Justification</u>	for Missing Data	(KHIIS Average)		
11.2	Numeric	Right	Null	NA		
Security Level:	Related Data: Table TM3 Reference:					
Confidential	LNPAID,	Reference:				
	PDCHG, Var. 32 Appendix B-5			3-5		
	LNALL,					
	ALLCHG					
Intra Element Validation and References:						
			sial alkamaatama ama all	overed in this field		
Inter Element Val		ii iormat. No spec	cial characters are all			
inter Element val	idation:		Production Repor			
			ad hoc Reports, Sta  Modifications:	ndard Reports		
				duced in TM2 and was		
	This field was introduced in TM3 and was not available in TM2.					
Data Source: External Reference:						
Insurer	External Refere	nce:				
Comments:						
Plan dependent. In TM2 Co-Insurance and Co-Pay were reported in the same field and thus were						
indistinguishable. These items were separated with the implementation of TM3 effective January 1, 2003.						